

TRINITY UNIVERSITY CLASS OF 1969 SURVEY
Alumni Weekend 2009

Hey, everyone, it's that time again, time to reunite and catch up on each other! Yes, it's our 40th reunion, so please bring us up to date. (Print or write legibly. Your completed survey form will be copied "as is" and included in the spiral bound booklet, for distribution at the reunion.)

Name: _____ (Maiden name) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (_____) _____ E-mail: _____

What is your spouse's or significant other's name? (If a Trinity alumnus/a include class year.)

Tell us about your children and grandchildren: (Brag a little! And bring pictures to the reunion!)

What do you want us to know about your life (events, achievements, thoughts) of the past 40 years?

What might surprise us (or your professors)? _____

As you reflect on your past 40 years, what impact did Trinity University have on your life and where you are today? (academics, professors, social clubs, activities, student relationships) _____

What are your favorite memories of your Trinity days? (remember, this will be copied "as is")

Do you plan to attend our Reunion November 6-8, 2009?

Yes _____ Maybe _____ No _____

(If you mark "yes" please make sure you register later online or return the completed registration form which will be mailed to you in the summer. Thank you.)