

TRINITY UNIVERSITY CLASS OF 1989 SURVEY
20th Reunion
(please print clearly as survey will be copied unedited)

Name: _____ Maiden Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone 1: _____ Phone 2: _____
E-mail Address: _____
Web Site: _____

Spouse's/significant other's name (maiden name) – if Trinity alumnus/a, please include class year: _____

Family (children, grandchildren, pets - age, grade, school): _____

Do you plan to attend your Reunion on November 6-8, 2009? Yes No Maybe
(If "no" or "maybe," we'd still like you to complete this survey and send it in.)

If you marked YES, please remember to complete the registration form at http://alumni.trinity.edu/Alumni_Weekend_2009 or the form included in the Alumni Weekend 2009 Brochure mailed later this summer.

Current Occupation: _____
Next Occupation: _____
"Dream" Occupation: _____
Degree(s)/School(s): _____

TU administrators, staff, and/or faculty members you would like to see at reunion:

Classmates you would like to see: _____

Favorite Trinity memory: _____

Favorite restaurant/bar/hangout: _____

Favorite song by artist as a college student: _____

An event of national or global significance that you remember from your college years: _____

An event of national or global significance that's had an impact on you in your post-college years: _____

Have you visited Trinity since graduation? Yes No

The most important thing you learned at Trinity: _____

A significant thing you've learned since graduating from Trinity: _____

Current hobbies and interests: _____

Favorite book or favorite quote and author/speaker: _____

Got a recent picture?
Please submit or email a photo of yourself and/or your family –
identify those pictured on the back of the picture or in your email message.

THANK YOU FOR COMPLETING THIS SURVEY!

Please return your survey and photo by October 7, 2009 to:

Trinity University
Office of Alumni Relations
One Trinity Place
San Antonio, TX 78212-7200
Elizabeth.ford@trinity.edu