



Alumni Association
Decade and Class Coordinator Nomination Form

Name: _____ Maiden: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Coordinator for Decade of _____ Coordinator for Class of _____

Spouse: _____ Number of Children: _____

Check any that you participated in:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Choraliers | <input type="checkbox"/> Andrew Ambassadors | <input type="checkbox"/> PTK Member |
| <input type="checkbox"/> CEP member | <input type="checkbox"/> Baseball Team | <input type="checkbox"/> Soccer Team |
| <input type="checkbox"/> Softball Team | <input type="checkbox"/> Fraternity/Sorority | <input type="checkbox"/> Other: _____ |

Class updates – Comments and/or questions:
