

THEATRE ALUMNI INFORMATION FORM

Please print in block letters.

NAME _____

CLASS _____

MAIDEN NAME _____

PERMANENT MAILING
ADDRESS _____

HOME PHONE _____ WORK PHONE _____

FAX _____ E-MAIL _____

CURRENT
EMPLOYMENT/NOTES _____

Do we have your permission to share this information with recent grads and current students? (e.g., we compose a list of theatre alum phone numbers and emails)

YES _____ NO _____ OTHER _____

COMMENTS _____

Would you like to receive a theatre alumni newsletter?

YES _____ NO _____ OTHER COMMENTS _____

Would you like to be on our current mailing list for theatre events?

YES _____ NO _____

Just return this to:

Dr. Ed Menta
Director of Theatre Arts
Kalamazoo College
1200 Academy Street
Kalamazoo, MI 49006

**and you will be registered for a Lifetime Pass to ALL FESTIVAL PLAYHOUSE AND
K THEATRE PRODUCTIONS**