

CLASS OF 1969 REUNION SURVEY

Name _____

Daytime contact information: phone _____ email address: _____

I/My Reunion guest would require wheelchair/walker access during reunion weekend ____ Yes ____ No

Ideas for class meeting: _____

I would like to nominate the following person(s) to serve as a class officer until our next reunion:

Name: _____ Position: _____

Yes No I would like to help out in the creation of a Class Reunion booklet

I am willing to help with the planning and implementing of the following Reunion activities:

Yes No Create a Class Reunion website

Yes No Help outfit/maintain our dorm's hospitality suite

Yes No Help organize a Memorial Service for late classmates

Yes No Manage the Class Meeting

Yes No Attend a planning/networking party; best time _____

Yes No Organize or participate in a Phonathon to spread reunion news and encourage attendance

Other ways that I would like to contribute/volunteer: _____

Faculty that you would like to invite to meals or other events: _____

Other special requests or comments: _____

*Please send completed survey to:
Barbara Rosenberg
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Wayne, PA 19087
barbararosenberg@hotmail.com*