

**ALUMNI QUESTIONNAIRE
WOMEN'S SOCCER**

Name (First, Last):

Email Address (For example: name@company.com):

Birthday (mm/dd/yyyy): _____/_____/_____

Street Address:

City/Province/Region: _____ State: _____

ZIP/Postal Code: _____ Country: _____

Phone Number: Home(____)-____-____ Cell (____)-____-____

What is your marital status? _____

What year did you graduate from Winthrop University?

What was your field of study?

Current Employer:

Would you like to receive information about Eagle Club Membership? _____

How can the Women's Soccer Program better serve you?

Most Memorable event as a member of the Women's Soccer program:

Tell us about what you are doing now:

Please e-mail to heinzm@winthrop.edu
or
fax to 803.323.2433 attention Coach Heinz