

Alumni Database Entry Form

Columbia City High School Alumni Association

Your Name:

First Name Middle Name Maiden Name Last Name Title (Jr Sr Dr) Nickname

Your Spouse:

First Name Middle Name: Maiden Name: Last Name: Title (Jr Sr Dr.) Nickname:

Your Address:

Street or P.O. Box:

City: State: Zip Code:

Contact Info: Phone No.: Email Address:

School Information

Class of (yyyy) Earliest Grade Latest Grade
Graduated CCHS? Yes No If no, where?
College(s) Attended

Personal Information

Birthdate (month-dd-yyyy): Month: Day: Year:
Personal Website (http://):
Current Occupation:
Notes About Yourself:

Privacy Options:

Keep your mailing address private? Yes No
Keep your phone number private? Yes No
Keep your email address private? Yes No
May we send email to the email address you provided? Yes No
May we send mail to the mailing address you provided? Yes No