



Newberry Academy Eagles Alumni

“Tell Us Your Story”



Name: _____

Graduating Class: _____

Maiden Name (if applicable): _____

Preferred Contact Name: _____

Mailing Address: _____

Cell and/or Home Phone Number: _____

Email Address: _____

Preferred Contact (circle one): Phone Mail Email

Employer: _____

Professional Accomplishments: _____

Personal Accomplishments (hobbies, family, travel, etc): _____

Favorite NA Memory: _____

What kind of alumni activities would most interest you? _____

We need alumni to serve as representatives to gather all contact information and encourage classmates to attend events. Would you be willing to serve as a representative to the Alumni Committee for your class?

Yes

No

Please send your completed questionnaire to our Alumni Office by one of the following:

Fax: (803) 276-2401 Email: kfitzgerald@newberryacademy.com

Mail: 2055 Smith Road, Newberry, SC 29108