



CAMP BROADWAY ALUMNI ASSOCIATION ENROLLMENT

NAME: _____ D.O.B: __/__/_____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

E-MAIL: _____ SCHOOL: _____

CB PROGRAM/YEAR: _____ GRADE: _____

Catch us up on all the fun had at CAMP BROADWAY and your plans for the future!

What have you been up to since camp? (ex. Performances, high school, college, work, other activities, etc.) _____

Do you keep in touch with friends you made at Camp Broadway? If so, how? _____

Do you plan to attend Camp Broadway again, or recommend us to younger friends?

Would you like to receive an alumni newsletter via e-mail to keep up with Camp Broadway happenings and stay connected with camp friends? _____

Would you be interested in attending alumni theater nights and other special events?

Do you have any suggestions of activities you would like to do through the Alumni Association?
