

CAMP HAIASTAN of THE ARMENIAN YOUTH FEDERATION, INC.

P.O. Box C

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Roy Callan, Executive Director

ALUMNI ASSOCIATION QUESTIONNAIRE

We want you to be on the ground floor of the new Camp Haiastan Alumni Association (CHAA). Please take a few minutes and fill out the following information. You can always fax or mail in your information.

Name & Title: _____

Spouse's Name: _____

Mailing Address: _____

Address

Street

City

State

Zip+4

Do you currently receive Camp Haiastan information in the mail? ___No ___Yes

Phone: (____) _____ day (____) _____ evening

Email address (personal not work please) _____

List the years associated with Camp Haiastan eg. '85-'89): _____ Camper _____ Staff

Parent

Volunteer

Founder

_____ Other (Please tell us more on the back)

Your Children's Names, Ages & Birthdates: _____

_____ Yes, I would like to help with the planning of CHAA, please call me.

_____ Yes, I would like to be invited to a fundraiser, please call me.

Recommend a new member (please include contact info if known): _____

Suggestions for CHAA (finish on the back)? _____

Your favorite Camp Haiastan memory (finish on the back): _____

THE BOARD OF DIRECTORS THANK YOU!!