

The Greater Newark Youth Orchestras ALUMNI QUESTIONNAIRE

NAME: _____ PHONE: _____

HOME ADDRESS: _____

CITY/ STATE/ ZIP: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

BACKGROUND INFORMATION:

1. What year (s) were you a member of the youth orchestra/chamber orchestra? _____

2. Instrument (s) played: _____

3. Did you attend college after you graduated? YES NO
If yes, where?

Major: _____ Minor : _____

4. What is your current occupation?

5. Are you interested in receiving mailing information from the NJSO? YES NO

6. Are you still active in making music? YES NO
Describe:

7. Do you attend concerts regularly or participate in related cultural events? YES NO
Describe:

8. Would you be interested in participating in alumni activities (attending specific GNYO or NJSO concerts/events, a play-a-long during a GNYO concert, etc.)? YES NO

PLEASE MAIL THIS FORM TO: New Jersey Symphony Orchestra
Attn: Assistant of Education & Community Engagement
60 Park Place, 9th Floor
Newark, NJ 07102
Questions? Please call 973.624.3713 ext. 268