



Event: \_\_\_\_\_

Date: \_\_\_\_\_

**Everyone sign their name & check classification box.**

**\*Alumni/Friends: Please complete all info *only if need to update* & check box.**

Last	First	M.I./Pref. Name	
Address			* <input type="checkbox"/> <b>YES</b>
City	State	ZIP	Please update my info
Primary Phone # ( Home - Cell - Work )			
E-mail			
<input type="checkbox"/> Alumni - Class Year_____   <input type="checkbox"/> Spouse   <input type="checkbox"/> Friend   <input type="checkbox"/> Prospective Student - Grade in School_____			
<input type="checkbox"/> Attended MSU but didn't graduate - Year (s)_____   <input type="checkbox"/> Parent of Student   <input type="checkbox"/> Other _____			

Last	First	M.I./Pref. Name	
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Primary Phone # ( Home - Cell - Work )			
E-mail			
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