SETEBAID® services, inc.

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Diabetes Education and Support Programs

Alumni Information Update Form

Office Use Only
Entered On: ___/___/20___
By: _____

Date: ___/___/20__

ALUMNUS	SPOUSE
Title: ❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs. ❑ Dr. ❑ Rev.	Title: ❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs. ❑ Dr. ❑ Rev.
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home Phone: ( ) -	Home Phone: ( ) -
Work Phone: ( ) -	Work Phone: ( ) -
Mobile Phone/Pager: ( ) -	Mobile Phone/Pager: ( ) -
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Position: _____	Position: _____

FAMILY MAILING ADDRESS (US POSTAL ADDRESS)

Street Address: _____

City: _____ State: _____ Zip Code: __ __ __ __ __-__ __ __ __

County: _____ Country: ❑ USA ❑ Other *(Please List)* _____

ALUMNUS HISTORY

Surname at camp: _____

Role at program(s): ❑ Camper/participant ❑ Staff

Check all programs attended: ❑ Camp Setebaid®

❑ Family Weekend ❑ HDYC ❑ Teen Weekend

❑ Other *(please list)*: _____

CHILDREN

NAME	GENDER	DATE OF BIRTH
	❑ Male ❑ Female	___/___/20___.
	❑ Male ❑ Female	___/___/20___.
	❑ Male ❑ Female	___/___/20___.

COMMENTS

INFORMATION FOR THE NEWSLETTER

Please list anything you would like us to print in the newsletter on the back of this form. Thank you!

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