Alumni Registration Form

We are so excited to connect with you!

First Name: _____ Last Name: _____

Maiden Name: _____

Mailing Address: _____

Email: _____

Phone: _____

SPX Graduation Year: _____

High School: _____

College/ Degree: _____

What have you been up to? Any interesting stories or accomplishments?

_____

_____

Would you be willing to come speak to current SPX students? Yes No

Would you like to help us plan Alumni Events? Yes No

Would you like to help us with marketing or communications? Yes No

Please help us spread the word! We are looking for SPX Alumni!

Go to spxschool.com/programs/alumni Association to register online