Eastern Music Festival Alumni Questionnaire

eastern music festival

Personal Contact Information

Student Name _____
Last First Middle

Married Name _____
Last

Date of Birth _____ **Instrument at EMF** _____ ❑ **Male** ❑ **Female**
Month / Day / Year

Home Address _____
Street address City State Zip Country (if other than US)

Home Phone _____ **Cell** _____ **Email** _____

Festival Attendance

Year(s) at EMF _____

Have you ever been any of the following at EMF? ❑ Counselor ❑ Intern ❑ Staff ❑ Faculty ❑ Guest Artist

If so, what year(s) and what position(s) _____

_____

May we share your story in our EMF publications? ❑ **Yes** ❑ **No**

Family, Education and Employment

Spouse Name _____
Last First Middle

Do you have children? ❑ **Yes** ❑ **No**

If yes, any information you would like to share. _____

_____

Employer _____ **Job Title** _____

Business Address _____
Street address City State Zip Country (if other than US)

Work Phone _____ **Work Email** _____

Did you go to college? ❑ **Yes** ❑ **No** **If yes, where/when?** _____

Degree(s) _____

Do you teach? ❑ **Yes** ❑ **No** **If yes, where?** _____

Are you a member of a professional ensemble? ❑ **Yes** ❑ **No** **If yes, which one(s)?** _____

Tell Us Your Story

Feel free to share any additional awards, accomplishments or memories you have of EMF. _____

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Are you in contact with other former EMF students? ❑ **Yes** ❑ **No**

If yes, please list name and any contact information. _____

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Mail to: Eastern Music Festival, Alumni Coordinator • PO Box 22026 • Greensboro, NC 27420 or **Email to:** admissions@easternmusicfestival.org