

**University of Dayton Men's Golf
Alumni & Booster Information Sheet**

Full Name: _____ **Preferred Name:** _____

Graduation Year: _____ **Number of Years Played:** _____ **Birthdate:** _____

Honors/Accomplishments While at UD (Athletic & Academics): _____

Home Address: _____ **Business Address:** _____

City: _____ **City:** _____

State: _____ **Zip Code:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Business Phone:** _____

Home Fax: _____ **Business Fax:** _____

Cell Phone: _____ **Preferred Email:** _____

Company Name: _____ **Position:** _____

Spouse's Name: _____ **Spouse's Occupation:** _____

Children's Names and Ages: _____

Grandchildren's Names and Ages: _____

Current Hobbies/Special Interests: _____

Home Golf Course: _____ **Current Handicap:** _____

What types of activities and/or events would you like to see occur in conjunction with our golf program?

Who were your teammates here at UD? _____

Additional Comments: _____

Please Return As Soon As Possible to:
Men's Golf
University of Dayton
300 College Park Avenue
Dayton, OH 45469-1220