Social Committee Acknowledgement Form

2020/2021

RETEA Member: Name _____

Address _____

City /Town _____

Postal Code _____

Home phone number _____

School _____

1) Reason for acknowledgement / a card being sent:

_____ **Illness of more than 15 consecutive working days** (do not submit request until the 15th day of absence has occurred)

_____ **Birth or Adoption of:** _____son, _____daughter_____grandchild

_____**Death of any family member:** _____ **state relation**

_____**Wedding / Association member**

2)Reason for acknowledgement /Basket or Donation for a Death/ Select one of one of the following:

Please check off relationship to member:

_____ Association member _____ Spouse/common law partner

_____ Mother/step Mother _____ Mother-in-law _____ Sister

_____ Father /step Father _____ Father-in-law _____ Brother

_____ Daughter-in-law _____ Son-in law _____ Son/step son

_____ Daughter/step daughter ____ Grandchild

Name of deceased: _____

1) _____Basket: _____ Flowers _____ Fruit basket

_____ Chocolate Basket _____ Nut Basket

_____ Combination of_____

2) _____ Charitable donation to: Name_____

Address _____

Postal Code _____

Submitted by: _____ Date_____

Please fax this form to: Brenda LeBeau

Transcona Collegiate

Fax: (204) 958-6521

***** Also send your hard copy through the courier******