

# Social Committee Acknowledgement Form

Information for RETEA Member being acknowledged:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

All information **MUST** be filled out or form will be returned

**Reason Acknowledgement Requested:** choose one from section A or B

**A.**  **Card Only** (please select applicable)

Illness— more than 15 consecutive working days absent (submit only after 15th day of absence)

Birth or Adoption:  son  daughter  grandchild

Marriage—association member

Death of a relative, please state relation to member: \_\_\_\_\_

**B.**  **Name of Deceased:** \_\_\_\_\_

Relation to member:  Spouse/Common law partner  Mother (incl step)  Father (incl step)  Son-in-law

Mother-in-law  Father-in-law  Son (incl step)  Daughter (incl step)  Association member

Daughter-in-law  Sister  Brother  Grandchild

**Flowers or Basket or Donation** for loss of family member indicated above (choose one)

Flowers

Basket  Fruit  Chocolate  Nut  Combination of \_\_\_\_\_

Charitable Donation in memory of Deceased

Name of organization: \_\_\_\_\_

Address \_\_\_\_\_ Postal code: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Fax or email this form to: Tanya Smith  
c/o River East Collegiate  
tsmith@retsd.mb.ca  
Fax: 204 338 9515

\*\* send original request through courier once this form has been faxed/emailed\*\*