

# HOSPITALITY FORM - ATA Local #55

September 2011

The ATA Local #55 Hospitality Representative is Heather Gallagher  
She can be contacted at Bishop Kidd School  
Phone: 403-500-2052 or Fax: 403-500-2252

**PLEASE ENSURE THE FOLLOWING:**  
**Correct - Mailing Address, Postal Code and Telephone number**  
**Incorrect information will *RESULT* in the delay of delivery**

**PERSON REQUESTING:** (Please Print) \_\_\_\_\_ **Date:** \_\_\_\_\_

**CSR Name:** \_\_\_\_\_  
First Last

**School Name:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Maternity**

Ensure that you have the names of **BOTH** parents; identify **GENDER** of the child.

Flowers: \_\_\_\_\_ Fruit Basket: \_\_\_\_\_

Newborn's **GENDER**: M \_\_\_ F \_\_\_

Name: \_\_\_\_\_  
First Last

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Illness** (Ensure that you have circled the absence)

Minimum absence:	<u>In Hospital</u>	5 days
	<u>At Home/ Receiving Care</u>	10 days
	<u>Combination-Hospital/Home</u>	10 days

Flowers: \_\_\_\_\_ Fruit Basket: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Death in the Family**

ONLY for Members, spouses, parents, children, siblings and in-laws.  
**MASS CARD** will be forwarded to the ATA member once information has been received.

Name: \_\_\_\_\_  
First Last

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Relationship to ATA Member: \_\_\_\_\_

**Mass Location :**      ① St. Mary's Cathedral \_\_\_\_\_      ② St. Joseph's Church NW \_\_\_\_\_  
Ensure you select **one** of the **three** choices.  
Any other location cannot be accommodated.      ③ St. Bernadette's Church SE \_\_\_\_\_