HOSPITALITY FORM - ATA Local #55

The ATA Local #55 Hospitality Representative is ***Lily Lee***
She can be contacted at ***St. Augustine School***
Phone: 403-500-2022 or Fax: 403-500-2222

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)

CSR Name: _____
First Last

School Name: _____ ***Date:*** _____

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

Minimum absence:		
	In Hospital	5 days
	At Home/ Receiving Care	10 days
	Combination-Hospital/Home	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: _____

Preferred Location (Mass): **St. Mary's Cathedral** ____ **St. Joseph's Church NW**___

St. Bernadette's Church SE ___