

Received \_\_\_\_\_

**GOOD AND WELFARE INFORMATION**

*Please complete all (\*) pertinent information and send to Josephine Palumbo at the Union High School Athletic Office. Thank you.*

**PLEASE PRINT/TYPE INFORMATION:**

Building \_\_\_\_\_ Date \_\_\_\_\_

\*Member's Name \_\_\_\_\_

\*Member's Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \*Home # \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ **Marriage**    \_\_\_\_\_ **Birth**    \_\_\_\_\_ **Illness/Surgery**    \_\_\_\_\_ **Death in Family**

**Marriage** – Maiden/Married Name \_\_\_\_\_

**Birth** – Son/Daughter Name \_\_\_\_\_

\*SS# of Member or Child (**needed for Bond**) \_\_\_\_\_

**Date of Surgery** \_\_\_\_\_

\***Illness/Dates out of school (5 or more work days)** \_\_\_\_\_

\***Death** -Relationship to member \_\_\_\_\_

\*Name of relation \_\_\_\_\_

\*Name of charity \_\_\_\_\_

\*Address of charity or phone # (if known) \_\_\_\_\_

Your Name \_\_\_\_\_

School Phone # \_\_\_\_\_

American Express Gift # \_\_\_\_\_

Plant Sent to: Home \_\_\_\_\_ School \_\_\_\_\_

**DO NOT FILL OUT**

Voucher Done \_\_\_\_\_

Card Sent \_\_\_\_\_

Donation made \_\_\_\_\_

Completed \_\_\_\_\_

Check No. \_\_\_\_\_