These are a few of my FAVORITE THINGS



Name:	Grade/Position:
Birthday (year not required):	Shirt Size:
Monogram (or name preference for mono	ogrammed items):
Your favorite:	
College or Sports Team:	Color:
Salty Snack:	Fruit:
Candy or Candy Bar:	Gum:
Starbucks or DD Drink:	Cookie:
Cake:	Dessert:
Take Out Restaurant(s):	
Sit Down Restaurant(s):	
Ice Cream Shop & Flavor:	Bookstore:
Stores to shop (online or local):	
Teacher Supply Store (or where you get	most of your supplies from):
Flower:Scent:_	Nail Salon:
If you found a gift card for the amounts	s below, where would you want it to be to?
\$5	\$20
\$50	\$100
Do you have any dietary restrictions?	
Your top classroom supply wishes:	
What can your classroom parents do to h	nelp you most?
Can we share this with parents YE	ES NO

Please return to the Main Office, PTG Sunshine Committee-THANK YOU!