O MY O	NAME:	Ø
FAVORITE 25.		
	osition:	
	rthday: Month	Day
Color:	Flower:	
Drink:	Team:	
Snacks:	Hobbies:	
Bath/Body Items: 🗌 Yes 🗌 No	Candles: 🗌 Yes 🗌 No	
Restaurants:		
Stores:		
Teacher Supply Store/Online Store		
School Supply Wishes/Amazon or C	Other Class Wishlist Link:	
Anything you have enough of or pro	efer not to receive:	
Other Favorites/Scents:		
Allergies/Dietary Needs:		
e	-	
		Princess Anne Elementary School
Please return this via email to <u>glovern</u>	<u>melinda@gmail.com</u> or to the PTA mailbox.	Seagulls