O MY O	NAME:	Ø
FAVORITE 5.		
	osition:	
Bi	rthday: Month	
	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:		
- o e	-	
		Princess Anne Elementary School
Please return this via email to glovern	nelinda@gmail.com or to the PTA mailbox.	Seagulls