SANTA SHOP LIST Please turn in with payment by Dec. 4 Dec. 4 Child's name: Grade: ____ Grade: ____ **SHOPPING LIST:** Recipient's Name (e.g. Mom): # of Gifts: 1) 1) 2) 2) 3) 3) 4) 4) 5) 5) 6) 6) 7) 7) 8) 8) **GIFTS ARE \$3/EACH** Total number of gifts purchased: _____ x \$3/each = \$ total Payment: ____ cash ____ check check Notes: _____ Notes:

SANTA SHOP LIST Please turn in with payment by Child's name: **SHOPPING LIST:** Recipient's Name (e.g. Mom): # of Gifts: **GIFTS ARE \$3/EACH** Total number of gifts purchased: _____ x \$3/each = \$ total Payment: _____ cash ____