

SANTA SHOP LIST

Please turn in with payment by
Dec. 4

Child's name: _____

Grade: _____

SHOPPING LIST:

	Recipient's Name (e.g. Mom):	# of Gifts:
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____

GIFTS ARE \$3/EACH

Total number of gifts purchased: _____

x \$3/each = \$ _____ total

Payment: _____ cash _____

check

Notes: _____

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