

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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