

# SANTA SHOP LIST

Please turn in with payment by Dec. 2

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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