

SANTA SHOP LIST

Please turn in with payment
by **Dec. 3**

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 : _____

x \$3/each = \$ _____ **total**

Payment:

___ cash

___ check

___ online store

Notes: _____

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