Name Monogram Preference Birthday Shirt Size Favorite Color Favorite Teacher Supply Favorite Sweet Snack Favorite Crunchy Snack Favorite Soda or Drink Favorite Fast Food Restaurant Favorite Sit Down Restaurant Favorite Place to Shop Favorite Book Store Favorite Nail Salon Favorite Teacher Supply Store Hobbies Allergies Coffee-Yes or No? Candles- Yes or No? Jewelry- Yes or No? Books-Yes or No? Movie-Yes or No? **Favorite Sport** Favorite Sports Team Favorite Candy Favorite Gum Flavor Favorite Dessert Favorite Starbucks Drink **Favorite Flower** For Fun | Like To Favorite Handmade Gift From Students

10 P B ve 6 BOOKS C 5 0 chNon 0 What flavor? What scent? What type? What author(s)? Whatgenre(s)? I

Please return your completed "Favorites" list to the PTA Mailbox in the Main Office or email to president@oakforestpta.com. Thank you!