

Please fill out this form to help us better support you and the needs of your classroom... and to show our appreciation to you for all you do for our children. Thank you!

Name Audra Young Drink Sweet Tea; Dr. Pepper
Birthday May 24 Flower any & all
Snack Popcorn Fine Dining P.F. Chang's; Bounty on ^{the road}
Fast Food Chick-fil-A Dessert Nothing Bundt Cakes (gluten free)
Candle Citrus; Coffee Hair or Nail Salon
Place to Shop Hobby Lobby T-shirt size XL
Favorite Color Teal/Aqua/Gray Favorite Meal Mexican food
Sport/SEC Team Tennessee Vols Any Children 2 girls: 13 & 15
Do you drink Coffee? yes- Iced ← What Flavor? Iced or Frapp.
Allergies or Intolerances I have a gluten allergy
Tell me about your hobbies, things you collect or anything else you would like me to know when thinking of you for the holidays. crafting, planner & stickers,

Classroom Needs:

What do you like for your treasure box? _____

Favorite Author or Book series for your class: _____

What could parents donate to your classroom? _____

Who is your room mom/dad? _____

Please give us their contact information (if they don't mind). _____