My Favorite Things

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| --- | --- |
| **Name** |  |
| **Position at MCMS** |  |
| **Monogram (Initials)** |  |
| **Favorite Magazine** |  |
| **Favorite Color** |  |
| **Favorite Beverage** |  |
| **Do you drink coffee?** |  |
| **If yes, favorite K-cup brand** |  |
| **Favorite Scent (Soap or Candle)** |  |
| **Favorite Sports Team** |  |

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| **Do you have any allergies that we should consider**? |  |

 **If you could have anything for your classroom, what would it be?**

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**From what top three places would you enjoy a gift card?**

|  |  |
| --- | --- |
| **First Choice** |  |
| **Second Choice** |  |
| **Third Choice** |  |

**Please return to** **kimkazee.mcms@gmail.com**

**Thank you for your assistance!!**

**This will help the PTSA and Parents identify your “FAVORITES” for**

**Teacher Appreciation week, holidays, and anytime a parent wants to get you a special gift…..**