

Pathways PTA Holiday Shop 2024

Student's Shopping List



Students: Bring this shopping list and envelope with payment when your class attends Holiday Shop

Student Name: _____ Grade: _____ Teacher: _____ **Shop Date** _____

Name of person you are shopping for (as it will appear on gift tag)	Age*	Relationship* *Optional to help shop assistants	Gift Chosen / description (filled out during Holiday Shop)	# of gifts
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Holiday Shop cashier: mark payment method received:

- CASH
 CHECK (payable to Pathways PTA)
 PTA Online Store PREPAY (Date: _____)

Total # of gifts	
Each gift cost \$2	x \$2.00
total amount due	\$ _____