

St. Theresa School STAR Committee

My Favorite Things



Name _____

Grade/Department _____

Please tell us about your favorite things and give us as much detail as possible!

| | |
|---------------------|--|
| Beverage | |
| Coffee/Tea | |
| Wine/Spirits/Beer | |
| Smoothie Flavor | |
| Fruits | |
| Dessert/Candy | |
| Pizza | |
| Restaurants | |
| Color | |
| Flower | |
| Hobby | |
| Magazine | |
| Music | |
| Bookstore | |
| Coffee Shop | |
| Clothes | |
| Movie Theatre | |
| Ice Cream Shop | |
| Scip you enjoy most | |
| Classroom Supplies | |
| Wish List | |

Please complete and email to: star@sttparentsclub.org. Thank you!