

# 2020 SVMS Christmas Shop Gift Order & Permission Form

Student's Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please Check One:

**Yes.** My child **will** participate in the 2020 SVMS Christmas Shop

**No.** My child **will not** participate in the 2020 SVMS Christmas Shop

Parent

Signature: \_\_\_\_\_

Please fill the table below indicating the names of whom your child is shopping for (Dad, Grandma, Aunt Mary, Fluffy the cat, Cousin Joe, etc)

Gift Category	Name of Gift Recipient <i>(One name per box, LIMIT OF 10 GIFTS per CHILD)</i>					Total # Gifts	Cost Per Gift	Payment Due
<i>Adult Female</i> <small>(Grandma, mother, aunt)</small>							X \$ 2	
<i>Adult Male</i> <small>(Grandpa, Father, Uncle)</small>							X \$ 2	
<i>Teen Boy</i> <small>(Ages 11 - 16)</small>							X \$ 2	
<i>Boy</i> <small>(Ages 5 -10)</small>							X \$ 2	
<i>Teen Girl</i> <small>(Ages 11-16)</small>							X \$ 2	
<i>Girl</i> <small>(Ages 5 -10)</small>							X \$ 2	
<i>Toddler</i>							X \$ 2	
<i>Infant/Baby</i>							X \$ 2	
<i>Pet</i> <small>(Cat or Dog)</small>							X \$ 2	
<b>Gift Wrapping Fee</b>								<b>+ \$3</b>

**CHECK ONLY... NO CASH PLEASE MAKE PAYABLE TO HSA, PLEASE PROVIDE CHILDREN'S NAMES IN MEMO.**

Total Payment Due \$ \_\_\_\_\_

**FORM MUST BE RETURNED NO LATER THAN NOV. 13**