



## St. Paul's Christian School

Thank you for completing the annual **Staff Favorite Things Form**.  
This form provides information that allows parents, Board of Directors and administrators provide gestures of appreciation that will be meaningful to you throughout the year.

**NOTE: Items with a red asterisk \* require a response before you can proceed.**

<b>First Name</b>	Kraig
<b>Last Name</b>	Pritts
<b>Birthday (select any year)</b>	Sunday, October 20, 1957
<b>Class/Position</b>	Web/Tech
<b>Shirt Size</b>	4xl
<b>Monogram (or name preference for monogrammed items)</b>	KDP

## Favorite Things

<b>College or Sports Team</b>	Pittsburgh Steelers and Pirates
<b>Color</b>	Black and Gold
<b>Salty Snack</b>	N/A
<b>Fruit</b>	Strawberries, Bananas
<b>Candy or Candy Bar</b>	N/A
<b>Gum Flavor</b>	N/A
<b>Soft Drink</b>	Bai (Brazilian Blueberry)

<b>Sonic Drink</b>	Never been there!
<b>Starbucks Drink</b>	Don't drink coffee
<b>Cookie</b>	N/A
<b>Cake</b>	N/A
<b>Dessert</b>	N/A
<b>Take Out Restaurant</b>	N/A
<b>Sit Down Restaurant</b>	Longhorn Steakhouse
<b>Ice Cream Shop and Flavor</b>	N/A
<b>Coffee Shop</b>	Don't drink coffee
<b>Bookstore</b>	Amazon
<b>Teacher Supply Store</b>	Amazon
<b>Flower</b>	Rose
<b>Scent</b>	???
<b>Nail Salon</b>	N/A
<b>Hobby</b>	Ham Radio, Travel

**If you found a gift card for the amounts below, where would you want it to be to?**

<b>\$5.00</b>	Amazon
<b>\$20.00</b>	Amazon
<b>\$100.00</b>	Amazon

**Do you have any dietary restrictions?**

Yes, please describe in "Other" below

Diabetic

**Your top classroom supply wishes?**

N/A

**What can your classroom parents do to help you the most?**

N/A

**May we share this with parents?**

Yes