



Secret Santa Shoppe

Shopping List



Child's Name _____

Contact # _____

Presented by



Person to Buy For	Age	Amount to Spend	Amount Spent
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Please provide your child with the amount of money you anticipate spending or we are happy to accept debit or credit at the exit. *** Please bring reusable shopping bags! ***

Total Spent: _____

