

## Faculty Survey

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Position/Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Cold/hot drinks (non-alcoholic) and treats I enjoy:

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I like to snack on the following food/treats:

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My favorite spa:

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My favorite flowers are:

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Favorite Color(s):

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My hobbies include:

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My favorite sports teams:

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Do you prefer books, Kindle, Nook, ipad or magazines?):

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My favorite restaurants are:

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My favorite stores are:

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I don't need anymore of:

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Other tidbits of information someone may like to know about me:

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Do you have any pets? \_\_\_\_\_ Gift cards I would like: \_\_\_\_\_

Once completed, email this form to [admin@CorneliusPTO.org](mailto:admin@CorneliusPTO.org)