

Faculty Survey

Full Name: _____ Birthday: _____

Position/Grade: _____ Allergies: _____

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

I like to snack on the following food/treats:

My favorite spa:

My favorite flowers are:

Favorite Color(s):

My hobbies include:

My favorite sports teams:

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

My favorite restaurants are:

My favorite stores are:

I don't need anymore of:

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

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

Once completed, email this form to admin@CorneliusPTO.org