



# Holiday Gift List

| #     | Name | Gift | Price |
|-------|------|------|-------|
| 1     |      |      |       |
| 2     |      |      |       |
| 3     |      |      |       |
| 4     |      |      |       |
| 5     |      |      |       |
| 6     |      |      |       |
| 7     |      |      |       |
| 8     |      |      |       |
| 9     |      |      |       |
| 10    |      |      |       |
| 11    |      |      |       |
| 12    |      |      |       |
| 13    |      |      |       |
| 14    |      |      |       |
| 15    |      |      |       |
| 16    |      |      |       |
| 17    |      |      |       |
| 18    |      |      |       |
| 19    |      |      |       |
| 20    |      |      |       |
| Total |      |      |       |

## Did You Forget Anyone?

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Mother        | <input type="checkbox"/> Sister(s)       | <input type="checkbox"/> Teacher(s)  | <input type="checkbox"/> Paper Carrier     |
| <input type="checkbox"/> Father        | <input type="checkbox"/> Brother(s)      | <input type="checkbox"/> Friend(s)   | <input type="checkbox"/> Mail Carrier      |
| <input type="checkbox"/> Stepmother    | <input type="checkbox"/> Aunt(s)         | <input type="checkbox"/> Neighbor(s) | <input type="checkbox"/> Roommate(s)       |
| <input type="checkbox"/> Stepfather    | <input type="checkbox"/> Uncle(s)        | <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Hairstylist       |
| <input type="checkbox"/> Mother-In-Law | <input type="checkbox"/> Niece(s)        | <input type="checkbox"/> Secretary   | <input type="checkbox"/> Manicurist        |
| <input type="checkbox"/> Father-In-Law | <input type="checkbox"/> Nephew(s)       | <input type="checkbox"/> Boss        | <input type="checkbox"/> Unexpected Guests |
| <input type="checkbox"/> Son(s)        | <input type="checkbox"/> Cousin(s)       | <input type="checkbox"/> Co-workers  | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Daughter(s)   | <input type="checkbox"/> Priest/Minister | <input type="checkbox"/> Babysitter  | <input type="checkbox"/> Other _____       |