

DORAL FIRE MESA
ALL ABOUT OUR DRAGON

Stronger Together. Dragon Forever.

We appreciate everything you do! Please complete this form so we can celebrate and support you throughout the school year.

ABOUT YOU

Name: Ashley Rosenthal

Grade Level / Department / Position: Kitchen

Birthday: 2-16

Shirt Size: M/L

A LITTLE MORE ABOUT ME

Indoor person or Outdoor person? Both

Beach or Mountains? Mountains

Dog person or Cat person? Dog

One thing that always makes me smile: My kids

Anything else you would like us to know?

PLEASE KEEP IN MIND

Food allergies or dietary restrictions: _____

Scents, foods or items you prefer to avoid: _____

Do you prefer:

- [x] Coffee
- [ ] Tea
- [ ] Soda
- [ ] Energy Drinks
- [ ] Water
- [ ] Other: _____

Do you prefer:

- [ ] Sweet Treats
- [ ] Salty Snacks
- [ ] Healthy Snacks
- [x] A Mix of Everything

Do you prefer gifts that are:

- [ ] Practical
- [ ] Personalized
- [ ] For the Classroom or Workspace
- [ ] Gift Cards
- [ ] Treats
- [ ] Experiences
- [x] Surprises

MY FAVORITES

Favorite Color(s): Pink

Favorite Flower or Plant: Plant

Favorite Scent(s): fresh

Favorite Sweet Treat or Dessert: chocolate

Favorite Salty Snack: chips

Favorite Drink: _____

Favorite Coffee or Tea Order: Sweet coffee

Favorite Adult Beverage: _____

Favorite Restaurant(s): _____

Favorite Fast-Food Restaurant: _____

Favorite Store(s): Target

Favorite Sports Team(s): Chargers / Lakers

Favorite Book, Author or Genre: action

Favorite Movie or TV Show: _____

Favorite Music or Artist: House

Favorite Hobby or Activity: arts/crafts

Favorite School Supply or Classroom Item: _____

THANK YOU

for helping us get to know you!

DORAL FIRE MESA DRAGONS

PLEASE RETURN FORM: PTSO mailbox or any member

RETURN BY: at your soonest convenience