

# ORE FACULTY / STAFF FAVORITES

Please complete this form so our PTO and parents can know a little about your favorite things in life!

Name: Maria Zavala

Initials: MZ

Birthday: 03-04-2021

Anniversary: 10-01

Allergies: None.

## YOUR FAVORITES

Teacher Supplies: dry erase markers

Color(s): Pink

Candle or Scentsy

Scent: Vanilla

Lotion: —

Sweet Treat: Toblerone

Candy: Sour gummi candy

Salty Snack: Fritos

Fast Food: Pizza

Cold Drink: Diet sprite

Hot / Warm Drink: Coffee

Casual Dining: Crust Pizza

Formal Dining: Morton's

Hobbies: Walks

Magazine: —

Book Genre: —

Author: —

Music, Music Group/  
Artist: —

Sports Team(s): —

Way to relax: T.V.

Flower: —

Fragrance: —

Store(s): Target

## PREFERENCES:

Donuts or bagels:

bagels

Coffee or Tea:  
(iced or hot?)

hot coffee

Thank you, but I do  
not need any more:

Wish List for the  
Classroom (or  
yourself.)