

My BoosterGram Address List

Health 6-Mrs. Maus

Name _____ Hour _____

Week 1: Parent/Guardian: mom, dad, stepparent(s), other primary caregiver

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

Week 2: -Grandparent(s)

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

Week 3: Your favorite elementary teacher

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

Week 4: Special Aunt, Uncle or Family Friend

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____ Stamp needed? _____

Week 5: A sibling : brother, sister

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

Week 6: CHOICE You decide who gets one!

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

Week 7: A Friend

Name(s): _____

Address/Building: _____

City: _____ State: _____ Zip Code: _____

Stamp needed? _____ (yes or no)

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