



Teacher _____

Grade _____

**Thank you for granting wishes
at our Scholastic Book Fair!**

| | Book Title/Author | Price | Wish Granted <input checked="" type="checkbox"/> |
|----|-------------------|-------|--------------------------------------------------|
| 1 | | | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> |
| 7 | | | <input type="checkbox"/> |
| 8 | | | <input type="checkbox"/> |
| 9 | | | <input type="checkbox"/> |
| 10 | | | <input type="checkbox"/> |



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