

Just a few of your **FAVORITE THINGS**

Name _____

Allergies/dietary restrictions:

Birthday _____

My Favorite Things...

Color _____

Type

Snacks _____

Yes or No

Candy _____

CANDLES

Soda/drink _____

Yes or No

Coffee/Tea drink _____

LOTIONS

Sweet treat _____

Yes or No

Flower _____

Scents _____

Hobbies _____

Is there anything else we
should know?

Restaurants _____

Baked goods _____

Place(s) to shop _____

Is there anything you would prefer not to receive/already have enough of?
