

# Just a few of your **FAVORITE THINGS**

Name \_\_\_\_\_

Allergies/dietary restrictions:  
\_\_\_\_\_

Birthday \_\_\_\_\_

\_\_\_\_\_

## *My Favorite Things...*

Color \_\_\_\_\_

Type  
\_\_\_\_\_

Snacks \_\_\_\_\_

Yes or No

Candy \_\_\_\_\_

## **CANDLES**

Yes or No

Soda/drink \_\_\_\_\_

## **LOTIONS**

Yes or No

Coffee/Tea drink \_\_\_\_\_

Yes or No

Sweet treat \_\_\_\_\_

Scents \_\_\_\_\_

Flower \_\_\_\_\_

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

Restaurants \_\_\_\_\_

Is there anything else we  
should know?  
\_\_\_\_\_

Baked goods \_\_\_\_\_

\_\_\_\_\_

Place(s) to shop \_\_\_\_\_

\_\_\_\_\_

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