

Just a few of your **FAVORITE THINGS**

Name _____

Allergies/dietary restrictions:

Birthday _____

My Favorite Things...

Color _____

MOVIES

Yes or No

Snacks _____

CANDLES

Yes or No

Candy _____

LOTIONS

Yes or No

Soda/drink _____

Scents _____

Coffee/Tea drink _____

Sweet treat _____

Flower _____

Is there anything else we
should know?

Hobbies _____

Restaurants _____

Baked goods _____

Place(s) to shop _____

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