

# 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 \_\_\_\_\_

Scents \_\_\_\_\_

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

\_\_\_\_\_

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?  
\_\_\_\_\_