

Just a few of your
FAVORITE THINGS

Name _____

Allergies/dietary restrictions:

Birthday _____

Color

Snacks

Snacks _____

Candy

Soda/drink

Coffee/Tea drink

Sweet treat

Flower

Hobbies _____

Restaurants _____

Baked goods

Place(s) to shop

MOVIES

Yes or No

CANDLES

Yes or No

LOTIONS

Yes or No

Scents

Is there anything else we should know?