

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

Name \_\_\_\_\_

Allergies/dietary restrictions:

Birthday \_\_\_\_\_

# My Favorite Things...

Color \_\_\_\_\_

## Snacks

Candy

Soda/drink

## Coffee/Tea drink

## Sweet treat

## Flower

## Hobbies

## Restaurants

## Baked goods

### Place(s) to shop

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

## MOVIES

Yes or No

# CANDLES

Yes or No

# LOTIONS

Yes or No

Scents \_\_\_\_\_

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Is there anything else we should know?