

# 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 \_\_\_\_\_

Yes or No  
\_\_\_\_\_

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

**LOTIONS**  
Yes or No  
\_\_\_\_\_

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

Yes or No  
\_\_\_\_\_

Flower \_\_\_\_\_

Scents  
\_\_\_\_\_

Hobbies \_\_\_\_\_

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

Restaurants \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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