



*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 \_\_\_\_\_

\_\_\_\_\_

**MOVIES**

Yes or No

**CANDLES**

Yes or No

**LOTIONS**

Yes or No

Scents \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_