



Just a few of your

FAVORITE THINGS

Name _____

Allergies/dietary restrictions:

Birth day _____

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?
