Just a few of your

FAVORITE THINCS

Name_____

Birthdav

Allergies/dietary restrictions:

| Color | MOVIES |
|------------------|---------------------|
| Snacks | Yes or No |
| Candy | CANDLES |
| Soda/drink | Yes or No |
| Coffee/Tea drink | LOTIONS |
| Sweet treat | Yes or No Scents |
| Flower | |
| Hobbies | |
| Restaurants | should know? |
| Baked goods | |
| Place(s) to shop | |