

My Favorite Things

Name _____

Birthday _____

Restaurants _____

Fast Food _____

Places to Shop _____

Meal _____

Flower _____

Gift Cards _____

Hobbies _____

Color _____

Scent _____

Candy _____

Fruit _____

Dessert _____

Ice Cream _____

Cookies _____

Chips/Crackers _____

Snacks _____

Yes or No?

Coffee? _____

Lotion? _____

Candles? _____

Movies? _____

Any allergies or dietary restrictions? _____