



	NAME:	
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Position: _____

Birthday: _____
Month Day

Color: _____

Flower: _____

Drink: _____

Team: _____

Snacks: _____

Hobbies: _____

Bath/Body Items: ☐ Yes ☐ No

Candles: ☐ Yes ☐ No



Restaurants: _____

Stores: _____

Teacher Supply Store/Online Store: _____

School Supply Wishes/Amazon or Other Class Wishlist Link:

Anything you have enough of or prefer not to receive:

Other Favorites/Scents: _____

Allergies/Dietary Needs: _____

