FAVORITES	NAME:
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:	
Art Easel Mirrors	

Allergies/Dietary Needs:

Other Favorites/Scents:

Anything you have enough of or prefer not to receive:



