



 <b>NAME:</b> 
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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:** \_\_\_\_\_

