



NAME: _____

Position: _____

Birthday: _____
Month Day

Color: _____ Flower: _____

Drinks: _____ 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: _____