

MY FAVORITE THINGS

NAME: _____

Position _____

Birthdate _____
 Month _____ Day _____

Color _____ Flower _____

Drink _____ Team _____

Snack _____ Hobbies _____

Bath/Body Lotion _____ MY go-to _____ Candles: MY go-to _____



Restaurant _____

Store _____

Teacher Supply Store / Online _____

School Supply Wishes / Amazon or Other Class Wish List _____

Anything I might have enough for preference to receive: _____

Other Favorites _____

Allergies / Dietary _____