



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: \_\_\_\_\_