

ALL ABOUT YOU

NAME: _____ MONOGRAM: _____

BIRTHDAY MONTH: _____ DAY: _____

FAVORITE RESTAURANTS: _____

PLACES TO SHOP: _____

SNACK: _____ CANDY: _____

COOKIE: _____ CAKE: _____

DRINK: _____ COFFEE DRINK: _____

ALLERGIES: _____

FAVORITE COLOR: _____ FLOWER: _____

FAVORITE SCENT: _____ SPORTS TEAM: _____

HOBBIES: _____

CLASSROOM WISH LIST: _____
