





| NAME: | BIRTHDAY: |
|---|---|
| ♥ My Ab | solute Favorites! 🕶 |
| SNACK: | |
| ANIMAL: | COLOR: |
| SINGER/BAND: | FAST FOOD: |
| SPORTS TEAM: | |
| RESTAURANT: | DRINK: |
| FLOWER: | MOVIE: |
| BOOK GENRE: | |
| SALTY or SWEET VANILLA or CHOCOLATE COFFEE or TEA SILVER or GOLD BATH or SHOWER MOVIE or BOOK OT BOOK OT BOOK OT BOOK OT SHOWER MOVIE OT BOOK OT BOOK OT BOOK OT BOOK OT BOOK OT OT BOOK OT OT OT OT OT OT OT | Allergies: Yes or No? Y N CANDLES LOTIONS BLANKETS CALENDAR VOUCHER SOCKS |
| IF YOU FOUND A GIFT CARD, WHERE YOU WANT TO SPEND IT? | WOULD For my classroom |
| \$10 | —— \ |
| \$25 | |