

# ALL ABOUT YOU

YOUR NAME: \_\_\_\_\_ YOUR 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: \_\_\_\_\_

\_\_\_\_\_