

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_