

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: _____
