

Your Name:	
	Day:
Favorite Places to Shop:	
Favorite Restaurants:	
Favorite Snack:	_ Favorite Candy:
Favorite Cookie:	_ Favorite Cake:
Favorite Drink:	_ Favorite Coffee Drink:
Allergies:	
Favorite Color:	_ Favorite Sport:
Favorite Sports Team:	
Hobbies:	
Do You Collect Anything?	