

| 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: | | |
| | | |
| Do You Collect Anything? | | |