



ALL ABOUT YOU

Your Name: _____

Your Birthday Month: _____ 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? _____