



# 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? \_\_\_\_\_