



NAME: _____ CAMPUS: _____

GRADE: _____ JOB TITLE: _____

BIRTHDAY: _____ ALLERGIES/DIETARY RESTRICTIONS : _____

If you received a gift card for the amounts below, where would you want them to be?

\$5 _____ \$10 _____ \$20 _____

Shirt Size: _____ Monogram (or name for monogram purposes) _____

Candles/Lotion YAY or NAY (if YAY what scent(s)) _____

How do you relax: _____

Favorite Sports Team: _____ Hobbies: _____

Fast Food: _____ Sit down Restaurant(s) _____

Drink: _____ Sonic Drink: _____

Snack: _____ Candy: _____

Place(s) to shop: _____ Flower: _____

What school supplies do you find yourself buying the most throughout the year?

Is there anything you prefer not to receive or have enough of?

