

MY FAVORITE THINGS LIST

NAME:	BIRTHDAY:
COLOR: _____	
FLOWER / SCENT: _____	
DRINK: _____	
FOOD: _____	
BOOK / AUTHOR: _____	
ACTIVITY: _____	
MUSIC (GROUP): _____	
SPORTS (TEAM): _____	
OUTFITS: _____	
GIFT CARD: _____	
RESTAURANT: _____	
CANDY: _____	

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