NAME: _____ DATE: _____

MY FAVORITE THINGS

COLOR: _____

FOOD: _____

DRINK: _____

DESSERT: _____

SPORT: _____

GAME: _____

BOOK: _____

ANIMAL: _____

MOVIE: _____

TV SHOW: _____

SONG: _____

HOBBY: _____

SEASON: _____

SUBJECT: _____

CHARACTER: _____

ACTIVITY: _____