

Secret Santa

WISH LIST

NAME: _____

FAVORITE THINGS

COLOR: _____

CANDY: _____

DRINK: _____

HOBBY: _____

MUSIC: _____

SPORT: _____

PLACES TO GO: _____

TV SHOW: _____

MOVIE: _____

BOOK: _____

SNACK: _____

RESTAURANT: _____

STORE: _____

FLOWER: _____

PREFERENCES

	✓	✗
GIFT CARD	☐	☐
MOVIE TICKETS	☐	☐
GAMES/PUZZLES	☐	☐
BATH PRODUCTS	☐	☐
SOCKS	☐	☐

THIS OR THAT

COFFEE	OR	TEA
CHOCOLATE	OR	VANILLA
SWEET	OR	SALTY
COOK	OR	TAKE OUT
BOOK	OR	MOVIE
HANDMADE	OR	STORE-BOUGHT
BRIGHT	OR	PASTEL
EXPERIENCE	OR	ITEM
WINE	OR	BEER
STAY IN	OR	GO OUT

PRACTICALITIES

ALLERGIES OR SENSITIVITIES: _____

CLOTHING AND SHOE SIZE: _____

DON'T WANT OR NEED: _____

WISH LIST
