



YOUR Favorite Things

Name:

Birthdate:

Please list your favorite things in each category and return this form to your leader.

This information helps us plan for celebrations, birthdays, anniversaries, and more.

Your Favorites

- Breakfast foods:
- Lunch foods:
- Cake:
- Snacks:
- Meal:
- Types of books (mystery, romance, sci-fi, etc.):
- Types of movies (action, drama, comedy, etc.):
- Vacation spot:
- Flower:
- Plant:
- Restaurant:
- Animal:
- Color:
- Hobbies:
- What is your ideal “celebration” (time off, a movie pass, lunch out, etc.)?

And Your LEAST Favorites

- Foods you avoid:
- Activities that aren't your “cup of tea”: