



ALL ABOUT OUR STAFF!

NAME: _____ BIRTHDAY: _____

DO YOU LIKE ... YES OR NO

FAVORITES:

GOING TO THE MOVIES?

DRINKS (HOT, COLD, COFFEE, ALCOHOLIC ...)

FLOWERS/PLANTS?

SNACKS

CANDLES:

BATH & BODY PRODUCTS:

SWEET TREATS/CANDY

ANY ALLERGIES OR DIETARY
RESTRICTIONS?

RESTAURANT(S)

STORES/WEBSITES

NAIL SALONS/HAIR SALONS/SPAS

HOW DO YOU LIKE TO RELAX AND
HOW ELSE DO YOU SPEND YOUR FREE
TIME? ANYTHING ELSE YOU'D LIKE US
TO KNOW??

HOBBIES

COLOR(S)

SPORTS TEAMS

ACTIVITIES WITH FAMILY/FRIENDS