SECRET SANTA SURVEY

NAME _____ AGE _____

FAVORITES

COLOR _____ MOVIE/TV SHOW _____

SNACK _____ DRINK _____

SWEET TREAT _____ RESTAURANT _____

PLACE TO SHOP _____ SPORTS TEAM _____

BOOK/AUTHOR _____ SCENT _____

YES OR NO

CANDLES	YES	NO
LOTIONS/OILS	YES	NO
BLANKETS	YES	NO
GAMES/PUZZLES	YES	NO
GIFT CARDS	YES	NO
CANDY	YES	NO
SOCKS	YES	NO

WISH LIST

_____

_____

_____

_____

_____

HOBBIES

_____

_____

_____

ABOUT ME

SIZES _____

ALLERGIES _____

THINGS I DON'T NEED _____

SOMETHING I NEED _____