

SECRET SANTA

questionnaire



NAME: _____

My Favorites:

Color: _____

Food: _____

Drink: _____

Dessert/Candy: _____

Coffee: _____

Restaurant: _____

Store: _____

Book Genre: _____

Movie Genre: _____

Scent: _____

Other: _____

Something I really want:

This or That:

Coffee **or** Tea

Books **or** Movies

Handmade **or** Store bought

Salty **or** Sweet

Chocolate **or** Candy

Alcohol **or** Non-Alcoholic

Go Out **or** Stay In

Things I don't like:

Allergies or Restrictions:

