

Just a few of your  
**FAVORITE THINGS**

Name: Van DUONG

Allergy/Dietary Restrictions

Birthday: 9-30-1963

NO

My Favorite Things...

Color: Red

Snacks: No

Candy: No

Soda/Drink: Some time

Coffee/Tea: yes

Sweet Treat: anything Some time

Flower: plants indoor

Hobbies: do ~~home~~ plants  
Some Houseplants

Restaurants: in Sometime

Baked Goods: No

Place(s) to Shop: wellcome supermarket

**MOVIES**

Yes or No,  Yes

**LOTIONS**

Yes or No

**CANDLES**

Yes or No

Scents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know?

\_\_\_\_\_

Is there anything you would prefer not to receive/already have enough of?

\_\_\_\_\_