

IT'S ALL ABOUT

You!!

Your Name: _____

Birthday: _____

Originally From: _____

Spouse's Name: _____

Spouse's Birthday: _____

If Married, Anniversary: _____

Children Names: _____

Children Birthdays: _____

Pets: _____

Occupation: _____

Best Method to Contact: _____

Best Time to Contact: _____

Your Favorite...

Food: _____

Dessert, Candy, Treats: _____

Restaurant: _____

Drink: _____

Flower or Plant: _____

Sports or Hobbies: _____

Music: _____

Retail Store: _____

Type of Books: _____

Sports Team: _____

Charity: _____

Movie: _____

Color: _____

Vacation Spot: _____

Check all activities you enjoy:

Camping, Outdoors

Fitness

Go to Sporting Events

Spa Time

Cinema/Theater

Gardening

Going Out to Eat

Traveling

Casino

Golfing

Playing Sports

Fishing, Hunting

Going to Concerts

Shopping

How did you hear about us?
