

NAME: _____

Secret Santa Guide



ABOUT YOU

1. COLOR: _____
2. HOBBIES: _____
3. MUSIC: _____
4. BOOKS/AUTHORS: _____
5. MOVIES/TV SHOWS: _____
6. FAVORITE SNACKS: _____
7. ALLERGIES: _____
8. FAVORITE DRINK: _____

SOMETHING I NEED:

SOMETHING I WANT:

MY ULTIMATE GIFT:



WISH LIST

CHECK OFF YOUR INTERESTS

- | | |
|--|---|
| <input type="checkbox"/> CANDLES | <input type="checkbox"/> BOOKS |
| <input type="checkbox"/> PET SUPPLIES | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> FUZZY SOCKS | <input type="checkbox"/> BOARD GAMES/PUZZLES |
| <input type="checkbox"/> OUTDOOR GEAR | <input type="checkbox"/> FOOD BASKET |
| <input type="checkbox"/> COFFEE/TEA | <input type="checkbox"/> TECH GADGETS |
| <input type="checkbox"/> SKINCARE PRODUCTS | <input type="checkbox"/> WINE/ALCOHOLIC BEVERAGES |
| <input type="checkbox"/> FASHION ACCESSORIES | <input type="checkbox"/> SPA/MASSAGE GIFT CARD |
| <input type="checkbox"/> PLANTS | <input type="checkbox"/> MOVIE TICKETS |
| <input type="checkbox"/> HOME DÉCOR | |
| <input type="checkbox"/> CHOCOLATES/SWEETS | |

