

# “YOU”

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Hometown \_\_\_\_\_

Major \_\_\_\_\_

Cell phone \_\_\_\_\_

Text Messaging      Yes    or    No

Facebook              Yes    or    No

Twitter              \_\_\_\_\_

Preferred Contact Method \_\_\_\_\_

Food allergies \_\_\_\_\_

Dietary Restrictions or Preferences \_\_\_\_\_

## **FAVORITES:**

Music (Genre or Artist) \_\_\_\_\_

Movie or Type of Movie \_\_\_\_\_

Book \_\_\_\_\_

Food \_\_\_\_\_ Beverage \_\_\_\_\_

Candy/Snack \_\_\_\_\_ Dessert \_\_\_\_\_

Sport/Activity \_\_\_\_\_ Hobbies \_\_\_\_\_

Favorite TV show(s) \_\_\_\_\_

Favorite Quote \_\_\_\_\_

\_\_\_\_\_