

Who's on My Team?!

First and Last Name: _____

Title: _____

Department: _____

Favorite Candies: _____

Favorite Drink(s): _____

Favorite Snack Food(s): _____

Favorite Cookies: _____

Favorite kind of Cake (Include what kind of cake and frosting): _____

Favorite Color(s): _____

Favorite Restaurant(s): _____

Favorite Candle Scent(s): _____

Favorite Musical Group/Type: _____

Favorite Book(s): _____

Favorite Movie(s)/TV shows: _____

Favorite Hobbies: _____