



V.I.P. Preference Form

Please complete one form per child

Child's Name: _____ Date of Birth: _____

Parent Name(s) & DOB: _____

Occupation: _____ Occupation: _____

Child Grade & School Attended: _____

Child's Favorites

Parent Info & Preferences:

Subject in school: _____

Beverage (non-alcoholic): _____

Beverage (healthy): _____

Snack: _____

Snack: _____

Hobbies: _____

Book: _____

Music: _____

Character: _____

Scent: _____

Color: _____

Magazine: _____

Movie: _____

Flower: _____

Hobbies: _____

TV Show: _____

Completed by: _____

Date: _____

For office use only: