

Infant



Purchaser's Name: _____

Purchaser's Phone #: _____

Purchaser's Email Address: _____

Purchaser's Relationship to Child: _____

**Just a few questions to assist us in
customizing the best box for your
Infant book Recipient.**

(Any questions, just call & we'll help you fill this out.)

◆ Their name: _____

◆ Date of birth or age in months: _____

◆ Does Infant have one or more siblings? _____

◆ Character Gender Preference

Male

Female

Gender Neutral

No Preference

◆ List any special interests/themes such as sports, animals, geographic location, art, music, dance, trucks, BIPOC, traditional or nontraditional family, other
