| Please fill in th              | e form bellow regarding desserts: |               |
|--------------------------------|-----------------------------------|---------------|
|                                | •                                 |               |
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|                                |                                   |               |
| Name:                          |                                   |               |
| Your Age:                      |                                   |               |
| Which is your favourite desser | t? (choose as many as you like    | ·)            |
| Cake Fruits                    | Candies Chocola                   | ate Ice-cream |
| Date:                          |                                   |               |
|                                |                                   |               |
|                                |                                   |               |
| _                              |                                   |               |
|                                |                                   |               |