

# SECRET SISTER QUESTIONNAIRE

NAME: \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_

\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ ANNIVERSARY: \_\_\_\_\_

FAVORITE COLOR: \_\_\_\_\_ FAVORITE FOOD: \_\_\_\_\_

ALLERGIES? IF SO, PLEASE LIST \_\_\_\_\_

HOBBIES/COLLECTIBLES: \_\_\_\_\_

FAVORITE STORES (LIST TOP 5): \_\_\_\_\_

\_\_\_\_\_

FAVORITE THINGS (CANDLES, OILS, MUSIC,ETC): \_\_\_\_\_

\_\_\_\_\_

DISLIKES (GLITTER, SCENTS): \_\_\_\_\_

\_\_\_\_\_

THINGS YOU REALLY DON'T WANT MORE OF? (COFFEE CUPS,

CANDLES, KNICK KNACKS): \_\_\_\_\_

\_\_\_\_\_

PRAYER REQUESTS: \_\_\_\_\_

\_\_\_\_\_