

SECRET SISTER INFORMATION SHEET


This information will be used by your Secret Sister to bless you for the next 9 months. **PLEASE GIVE AS MANY ANSWERS AS POSSIBLE (*print clearly!*) & RETURN COMPLETED FORM BY** _____

 Name: _____ Phone # (*for Admin use only*): _____

 Mailing Address: _____

 Husband's name (if married): _____  Wedding Anniversary (MM/DD): _____

 Children's name(s) if any: _____

 Birthday (MM/DD): _____  Other special dates I commemorate: _____

 Favorite color(s): _____

 Favorite flower(s): _____

 Favorite non-alcoholic beverage(s): _____

 Favorite food (or restaurant): _____

 Favorite snacks / sweet treats: _____

 Favorite place(s) to shop: _____

 Interests/Hobbies: _____

 I like going to the movies: ____NO or ____**YES – MY PREFERRED THEATER:** _____

 I like candles: ____NO or ____**YES – SCENTS:** _____

 I like lotions: ____NO or ____**YES – SCENTS (SENSITIVITY?):** _____

 I like coffee: ____NO or ____**YES – BRAND (OR SPECIFIC DRIVE-THRU):** _____

 I like tea: ____NO or ____**YES – FLAVORS (HOT/COLD/BOTH):** _____

 Favorite season(s) / holiday(s): _____

 Specific prayer requests: _____

 Other helpful info (*likes/dislikes, food allergies/diet restrictions*): _____

 Things I would prefer NOT to receive (*or I already have enough of*): _____



BEFORE PLACING YOUR COMPLETED FORM IN THE COLLECTION BOX:

- FOLD ALONG DOTTED LINES SO THAT THIS SIDE IS FACING "OUT"**
- WRITE YOUR FIRST AND LAST NAME HERE:**
