

## Southside Baptist Secret Sister Questionnaire

Name: \_\_\_\_\_

BirthDay: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Address: \_\_\_\_\_

Favorites: candy: \_\_\_\_\_

Candle scent: \_\_\_\_\_

Color: \_\_\_\_\_

Fragrance: \_\_\_\_\_

Flower: \_\_\_\_\_

Music: \_\_\_\_\_

SportsTeam: \_\_\_\_\_

Do you collect anything? \_\_\_\_\_

Theme/Colors in house: \_\_\_\_\_

Any other special likes/dislikes: \_\_\_\_\_

Any Allergies to anything? \_\_\_\_\_

Please return this form to Stephanie Blackston or church office