

Secret Sister Getting-to-Know-You

The Basics

Full Name: _____

Birthday (Month/Day): _____

Anniversary (if applicable): _____

Address: _____

My Favorites

Color(s): _____

Flower: _____

Scent (Floral, Vanilla, Citrus, etc.): _____

Candy/Sweet Treat: _____

Salty Snack: _____

Hot Drink (Coffee, Tea, Cocoa): _____

Cold Drink (Soda, Water, Juice): _____

Restaurant/Fast Food: _____

Store (Amazon, Hobby Lobby, etc.): _____

My Hobbies & Interests

What do you do for fun? _____

Do you collect anything? _____

Favorite way to relax: _____

Favorite Book Genre or Author: _____

Favorite Scripture/Quote: _____

Important Details

Allergies or Sensitivities (scents, nuts, etc.): _____

Dietary Restrictions: _____

Is there anything you have "too much" of? (e.g., mugs, lotions): _____

Prayer Requests: _____