



Secret Chicks Questionnaire

Name: _____

Birthday: _____

Address: _____

Cell #: _____

Home #: _____

E-mail address (for coordinator's use only) _____

Which grade are you in?: _____ Which school do you attend?: _____

Do you work?: _____ Where?: _____

Favorite types of books: _____

Favorite magazines: _____

Favorite types of music: _____

Favorite band: _____

Favorite Bible stories/character/Bible verse: _____

Favorite movies you wish you had: _____

Favorite holiday: _____

Favorite foods/restaurants: _____

Favorite candy: _____

Favorite movie theatre: _____

Favorite drinks: _____

Favorite sport to watch: _____

Favorite sport to play: _____

Favorite colors: _____

Colors in bedroom: _____

Shirt Size: _____ Ears Pierced?: _____

Favorite Bath & Body Scent: _____

Favorite hobbies and/or talents: _____

What do you collect?: _____

Do you have an iPod or ITouch?: _____

If you could wish for anything, what would it be? _____

In what areas of your life, would you like encouragement and/or prayer? _____