

Temple First Pleasant Places Women's Ministry

QUESTIONNAIRE

PSALM 16:6

Personal Information:

Name: _____
Address: _____ Zip: _____
Birthday: _____ Anniversary: _____
Email Address: _____
Husband's Name: _____
Children's Names & Ages: _____

Favorite Things (Food & Drink):

Restaurant: _____
Food: _____ Snack: _____
Dessert: _____ Candy: _____
Beverage: _____
Do you Drink: _____
Coffee _____ Tea _____

Favorite Things: (Home)

Theme: _____
Colors: _____
Candle Scents: _____
Flowers: _____
Collectibles: _____
Do you have pets? If so, what kind? _____

Favorite Things: (Entertainment)

Books: _____
Author: _____
Magazines You Get: _____
Magazines You Don't Get But Like: _____
Movies: _____ Music: _____
Do You Like to Cook?: _____
Hobbies: _____
How do you Relax? _____

Favorite Things: (Other)

Bible Verse: _____
Hymn/ Praise Song: _____
Holiday: _____
Quote: _____

Prayer Requests:

Immediate Needs: _____

Ongoing Needs: _____
