

SECRET PRAYER PARTNERS (ADULT)

Name: _____

Address: _____

Phone: _____

E-mail address: _____

Date of Birth (without year): _____

Hobbies: _____

Do you collect anything? _____

Do you play an instrument? If so, what? _____

Who is your favorite musical artist/group, or name your favorite type of music:

Favorite sports team: _____

Do you play a sport? _____

What's your favorite restaurant? What's your favorite food? _____

Name your favorite book or author. _____

Name your favorite TV show. _____

Do you have children? If so, how many? _____

What's your favorite Bible verse, book of the Bible, or Bible character?

Which Sunday service do you prefer? 8:45am or 11am? _____