FCG Student Ministry Team Member

Get to Know You Sheet

First and Last Name:

Your Birthday:

Spouse or S.O.:

Spouse’s birthday:

Your anniversary:

Children:

Names and ages:

Top 3 spiritual gifts:

Favorite food/restaurant:

Favorite soda/coffee/snack:

Favorite hobbies:

Favorite junk food:

Favorite all-time TV program:

If I could travel anywhere in the world, I would go to:

Future life dreams:

Biggest pet peeve: