

College Secret Pals

BETHLEHEM METHODIST CHURCH

NAME: _____

Parents' Name: _____

Parents' Home Address: _____

Parents' Phone #: _____

Student's School Name: _____

Student's Address: _____

When Student Plans to Graduate, month _____ year _____

Student's Major: _____

Student's Birthday: _____

Male _____ Female _____

Favorite Place to Eat: _____

Favorite Grocery Store: _____

PRACTICALITIES

Allergies or sensitivities? _____

SUGGESTIONS & INTERESTS

1. _____

2. _____

3. _____

4. _____

Please Return Completed Forms to:

Fran Getner
2728 Briaroak Drive
Climax, NC 27233