

GET TO KNOW **YOU**

Name: _____

Date: _____

- | | |
|---|--|
| <input type="radio"/> What do you want to be when you grow up? | <input type="radio"/> What is your favorite color? |
| <input type="radio"/> What is the worst meal you've ever cooked? | <input type="radio"/> What is your favorite ice cream flavor? |
| <input type="radio"/> What is the laziest thing you have done out of convenience? | <input type="radio"/> What is the silliest way you've injured yourself? |
| <input type="radio"/> What is your favorite day of the week? | <input type="radio"/> Where were you born? |
| <input type="radio"/> What is your favorite animal? | <input type="radio"/> Where do you want to live when you grow up? |
| <input type="radio"/> What is your biggest fashion regret? | <input type="radio"/> What was your favorite artist/band when you were in middle school? |
| <input type="radio"/> When is your birthday? | <input type="radio"/> What is your favorite food? |
| <input type="radio"/> What is your favorite drink? | <input type="radio"/> Do you have any brothers or sisters? How many? |