

Serinas Sisters Questionnaire



Please complete this form and make copies for all of your Serina Sisters. When this is completed, please place this questionnaire in your Serina Sisters' hanging envelope which is outside of the coaches' office (separated into the 3 teams). Throughout the season please place pictures, drawings, words of encouragement, cards, candy or little gifts in your Serina Sisters' envelopes. Please do not spend more than \$5 per item. Please continue to show love to your Serinas Sisters throughout the season! (Any questions, please contact Kristin Badeau at kristinbadeau@gmail.com)

Name _____

Address _____

Phone Number _____ **Email Address** _____

Team (circle one) Junior Olympic Intermediate Novice

Days you swim (circle all days) Monday Tuesday Wednesday Thursday Friday

How many years you have been competing in synchro _____

Monogram (first initial, last initial, middle initial) _____

Birthdate _____

Favorite Color _____

Favorite Candy _____

Favorite Food _____

Favorite Drink _____

Favorite Store _____

Favorite TV Show _____

Favorite Movie _____

Food Allergies or Foods you cannot eat _____

Special Holidays that you celebrate _____
