BEST FRIEND APPLICATION

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| --- | --- | --- |
| Last Name |  | First Name |
|  |  |
| Nickname/s | Middle Name |
|  |  |
| Birthday: | Age |
|  |  |
|  | | What do you like to do for fun? | |
|  | | Who was your last best friend? | |
|  | | Why did this relationship end? | |
|  | | Do you have any hot brothers/sisters? | |
|  | | What is the earliest time I can call you? | |
|  | | What is the latest time I can call you? | |
|  | | How many times can I call a day? | |
|  | | What are your best qualities? | |
|  | | What makes you a good candidate? | |
|  | | Do you drink? | |
|  | | Do you smoke? | |
|  | | What is the best thing to do to get over a breakup? | |
|  | | Signature | |