BEST FRIEND APPLICATION

|  |  |  |
| --- | --- | --- |
| 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 |