



Turn off the Screen for one day each week during the month of March. Tell us what you did instead of watching TV or playing video games. **Label your slip with your First and Last name and your Teacher's name.** Cut it out and turn it in to the Media Center by Thursday for a chance to win on Friday!!

What did you do? _____

First/Last

Name _____ Teacher _____

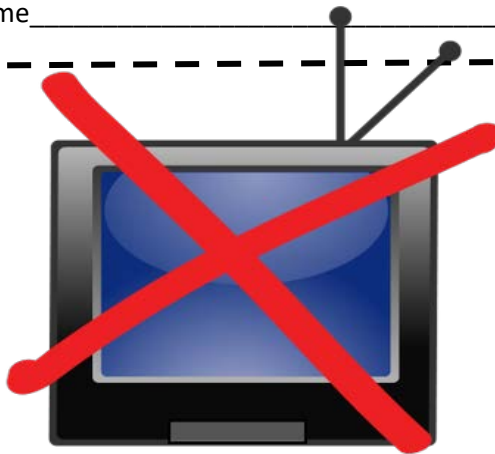


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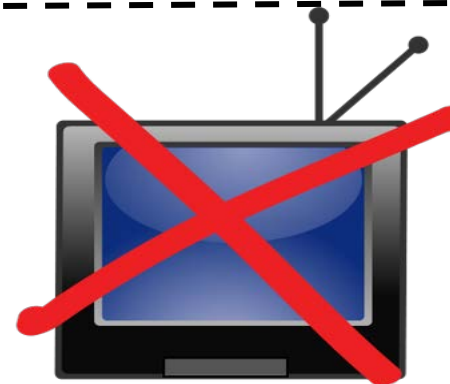


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