

# Time Capsule Questions

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Favorites

Food: \_\_\_\_\_

Show: \_\_\_\_\_

Toy: \_\_\_\_\_

Color: \_\_\_\_\_

Movie: \_\_\_\_\_

Game: \_\_\_\_\_

Thing to Do: \_\_\_\_\_

When I grow up...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_