

## Turn off the Screen!

Turn off your T.V. and video games for one day each week during the month of March. Write down what you did instead of watching the screen! Label your slip with your first and last name. Please include your teacher's name. Turn it in each Friday for a chance to win on Monday's drawing.

*What did you do?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*First and Last Name* \_\_\_\_\_

*Teacher's Name* \_\_\_\_\_

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