\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your first name

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Three descriptive characteristics

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives in

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Who loves (three things)

\_\_\_\_\_\_\_\_\_\_\_\_

Who feels (1 emotion about 1 thing)

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Who needs (3 things)

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Who hopes for (3 things)

\_\_\_\_\_\_\_\_\_\_\_\_

Who would like to see

\_\_\_\_\_\_\_\_\_\_\_\_

Who would like to see

\_\_\_\_\_\_\_\_\_\_\_\_

Who dreams of

\_\_\_\_\_\_\_\_\_\_\_\_

Your last name