



Name \_\_\_\_\_



# summer

... checklist ...

- |   |  |
|---|--|
| <input type="checkbox"/> READ A NEW BOOK    | <input type="checkbox"/> TRY A NEW FOOD  |
| <input type="checkbox"/> BUILD A FORT       | <input type="checkbox"/> GO SWIMMING     |
| <input type="checkbox"/> BLOW BUBBLES       | <input type="checkbox"/> WATCH FIREWORKS |
| <input type="checkbox"/> GET ICE CREAM      | <input type="checkbox"/> WRITE A STORY   |
| <input type="checkbox"/> TAKE A HIKE        | <input type="checkbox"/> FLY A KITE      |
| <input type="checkbox"/> PICNIC IN THE PARK | <input type="checkbox"/> WATCH PBS KIDS  |
| <input type="checkbox"/> GO TO THE BEACH    | <input type="checkbox"/> _____           |
| <input type="checkbox"/> HAVE A CAMPFIRE    | <input type="checkbox"/> _____           |

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