

Name: _____ Class: _____

Date: _____



HALLOWEEN FUN!

THIS HALLOWEEN...

1. Did you have a party?	
2. Did you watch a scary movie?	
Title:	
3. Did you dress up as a witch or vampire?	
4. Did you go trick or treating in a gang? (min. 4 persons)	
5. Did you dress up as a superhero?	
Which one?	
6. Did you decorate your house or apartment outside ?	
7. Did you decorate your house or apartment inside ?	
8. Did you get sick from eating too much candy?	
9. Did you get at least 15 chocolate bars?	
Which kind is your favourite?	
10. Did you wear a mask?	
11. Did you make a jack o'lantern?	
12. Did you dress up as an animal?	
Which one?	
13. Did you get something other than candy from trick or treating?	
What?	
14. Did you go to a party?	
15. Did you stay home (not go trick or treating)?	