

Full name _____

Last name _____

First name _____

Day _____

Date _____

Address _____

A B C _____

a b c _____

a _____

l _____

g _____

go	eat	cook	watch	clean	do	use
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1. Did you _____ breakfast? _____

2. Did you _____ a phone? _____

3. Did you _____ a movie? _____

4. Did you _____ laundry? _____

5. Did you _____ pizza? _____

6. Did you _____ shopping? _____

7. Did you _____ the dishes? _____

8. Did you _____ your car? _____

Yes, I did.

No, I did not.

What is the Capital City?

British Columbia	
Alberta	
Nova Scotia	
Nunavut	
Manitoba	
Ontario	
Saskatchewan	
Quebec	
Prince Edward Island	
Yukon Territory	
New Brunswick	
Northwest Territories	
Newfoundland and Labrador	