



## REAL LIFE TASK

### Filling in a form

Talk to three different classmates and complete the form below. Use the language you practiced in this lesson.

|                 | student 1                                                                                                                                                                                                                                                                                                                                                                    | student 2                                                                                                                                                                                                                                                                                                                                                                     | student 3                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| full name:      |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                    |
| phone numbers:  | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                               | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                     |
|                 | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                               | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                     |
|                 | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                               | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                | ( ____ ) _____                                                                                                                                                                                                                                                                                                                                                                     |
| e-mail address: |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                    |
| Are ...?        | <div>    </div> <div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> </div> | <div>    </div> <div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> </div> | <div>    </div> <div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> <div>yes</div> <div>no</div> </div> |