



# Listen and Answer

## LISTENING PRACTICE



YOUR PERSONAL INFORMATION	
<i>Name:</i>	
<i>Age:</i>	
<i>Date of Birth:</i>	
<i>Nationality:</i>	
<i>Occupation:</i>	
<i>Address:</i>	
<i>Phone number:</i>	

1. WHAT'S YOUR NAME?



2. WHAT'S YOUR FAVORITE SPORT?



3. WHAT'S YOUR PHONE NUMBER?



4. WHERE DO YOU STUDY?

