

	<b>BEST DISH OF THE NIGHT</b> _____		<b>BEST DISH OF THE NIGHT</b> _____
<b>THANKFUL FOR</b> _____	<b>LEAST THANKFUL FOR</b> _____	<b>THANKFUL FOR</b> _____	<b>LEAST THANKFUL FOR</b> _____
<b>LOOKING FORWARD TO</b> _____ <input type="checkbox"/> Black Friday <input type="checkbox"/> Dessert <input type="checkbox"/> Christmas <input type="checkbox"/> New Years <input type="checkbox"/> 2020 <input type="checkbox"/> Finishing this Worksheet <input type="checkbox"/> Thanksgiving Sandwich	<b>FAVORITE MEMORY OF THE YEAR</b> _____	<b>LOOKING FORWARD TO</b> _____ <input type="checkbox"/> Black Friday <input type="checkbox"/> Dessert <input type="checkbox"/> Christmas <input type="checkbox"/> New Years <input type="checkbox"/> 2020 <input type="checkbox"/> Finishing this Worksheet <input type="checkbox"/> Thanksgiving Sandwich	<b>FAVORITE MEMORY OF THE YEAR</b> _____