

NAME _____

DATE _____

Color Monochrome

Print Digital Slide Altered Reality

Pick Class

ASSIGNED

GENERAL

<input type="checkbox"/>	A	<input type="checkbox"/>	AA
19-20	21-27	20-21	22-27
HM	A	HM	A
HM	A	HM	A

Title _____ # _____ Score _____

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