

**Who do I know in my family?**

- .....
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Mom _____        | <input type="checkbox"/> Grandmother _____ | <input type="checkbox"/> Aunts _____   | <input type="checkbox"/> Nephews _____       |
| <input type="checkbox"/> Dad _____        | <input type="checkbox"/> Grandfather _____ | <input type="checkbox"/> Uncles _____  | <input type="checkbox"/> Mother-In-Law _____ |
| <input type="checkbox"/> Stepmother _____ | <input type="checkbox"/> Brothers _____    | <input type="checkbox"/> Cousins _____ | <input type="checkbox"/> Father-In-Law _____ |
| <input type="checkbox"/> Stepfather _____ | <input type="checkbox"/> Sisters _____     | <input type="checkbox"/> Nieces _____  | <input type="checkbox"/> Godparents _____    |

**Who do I know at...**

- .....
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Bingo _____            | <input type="checkbox"/> Garden Center _____  | <input type="checkbox"/> Library _____          | <input type="checkbox"/> Resort/Club _____     |
| <input type="checkbox"/> Bed & Breakfast _____  | <input type="checkbox"/> Golf Course _____    | <input type="checkbox"/> Museum _____           | <input type="checkbox"/> Restaurant _____      |
| <input type="checkbox"/> Bowling _____          | <input type="checkbox"/> Hardware Store _____ | <input type="checkbox"/> Night Club _____       | <input type="checkbox"/> School _____          |
| <input type="checkbox"/> Camp _____             | <input type="checkbox"/> Health Club _____    | <input type="checkbox"/> Nursing Home _____     | <input type="checkbox"/> Super Market _____    |
| <input type="checkbox"/> Child Care _____       | <input type="checkbox"/> Hospital _____       | <input type="checkbox"/> Pharmacy _____         | <input type="checkbox"/> Tanning Salon _____   |
| <input type="checkbox"/> Place of Worship _____ | <input type="checkbox"/> Hotel _____          | <input type="checkbox"/> Post Office _____      | <input type="checkbox"/> Tennis Court _____    |
| <input type="checkbox"/> Chamber _____          | <input type="checkbox"/> Kennel _____         | <input type="checkbox"/> Recycling Center _____ | <input type="checkbox"/> Volunteer Group _____ |

**Who is/are my...**

- .....
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Accountant _____  | <input type="checkbox"/> Butcher _____        | <input type="checkbox"/> Financial Planner _____  | <input type="checkbox"/> Physician _____        |
| <input type="checkbox"/> Alterations _____ | <input type="checkbox"/> Carpenter _____      | <input type="checkbox"/> Interior Decorator _____ | <input type="checkbox"/> Piano instructor _____ |
| <input type="checkbox"/> Appraiser _____   | <input type="checkbox"/> Carpet Cleaner _____ | <input type="checkbox"/> Nurse _____              | <input type="checkbox"/> Plumber _____          |
| <input type="checkbox"/> Architect _____   | <input type="checkbox"/> Chiropractor _____   | <input type="checkbox"/> Office Cleaner _____     | <input type="checkbox"/> Police Officer _____   |
| <input type="checkbox"/> Attorney _____    | <input type="checkbox"/> Dentist _____        | <input type="checkbox"/> Optometrist _____        | <input type="checkbox"/> Psychologist _____     |
| <input type="checkbox"/> Auditor _____     | <input type="checkbox"/> Dietitian _____      | <input type="checkbox"/> Painter _____            | <input type="checkbox"/> Publisher _____        |
| <input type="checkbox"/> Baby sitter _____ | <input type="checkbox"/> Electrician _____    | <input type="checkbox"/> Pharmacist _____         | <input type="checkbox"/> Recruiter _____        |
| <input type="checkbox"/> Baker/Cater _____ | <input type="checkbox"/> Engraver _____       | <input type="checkbox"/> Photographer _____       | <input type="checkbox"/> Security Guard _____   |
| <input type="checkbox"/> Bartender _____   | <input type="checkbox"/> Exterminator _____   | <input type="checkbox"/> Physical Therapist _____ | <input type="checkbox"/> Veterinarian _____     |

**Who sold me my...**

- .....
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Auto _____           | <input type="checkbox"/> Cabinets _____         | <input type="checkbox"/> Dry Cleaning _____ | <input type="checkbox"/> Mutual Fund _____      |
| <input type="checkbox"/> Antiques _____       | <input type="checkbox"/> Camera _____           | <input type="checkbox"/> Eye Glasses _____  | <input type="checkbox"/> Newspaper _____        |
| <input type="checkbox"/> Audio _____          | <input type="checkbox"/> Camper _____           | <input type="checkbox"/> Fence _____        | <input type="checkbox"/> Pets _____             |
| <input type="checkbox"/> Auto Repairman _____ | <input type="checkbox"/> Car Wash _____         | <input type="checkbox"/> Firewood _____     | <input type="checkbox"/> Picture Framing _____  |
| <input type="checkbox"/> Awnings _____        | <input type="checkbox"/> Carpeting _____        | <input type="checkbox"/> Flowers _____      | <input type="checkbox"/> Refrigerator _____     |
| <input type="checkbox"/> Barbecue _____       | <input type="checkbox"/> Chimney Cleaning _____ | <input type="checkbox"/> Furniture _____    | <input type="checkbox"/> Sprinkler System _____ |
| <input type="checkbox"/> Bicycle _____        | <input type="checkbox"/> Christmas Tree _____   | <input type="checkbox"/> Hot Tub _____      | <input type="checkbox"/> Storage _____          |
| <input type="checkbox"/> Bed _____            | <input type="checkbox"/> Clothing _____         | <input type="checkbox"/> House _____        | <input type="checkbox"/> Tools _____            |
| <input type="checkbox"/> Blinds _____         | <input type="checkbox"/> Computer _____         | <input type="checkbox"/> Insurance _____    | <input type="checkbox"/> Television _____       |
| <input type="checkbox"/> Boat _____           | <input type="checkbox"/> Cosmetics _____        | <input type="checkbox"/> Jewelry _____      | <input type="checkbox"/> Windows _____          |