

HIGH FIVE

TO:

FROM:

DATE:

TIME:

YOU:

- | | | |
|--|---|---|
| <input type="checkbox"/> look good | <input type="checkbox"/> tied your shoes | <input type="checkbox"/> are the greatest |
| <input type="checkbox"/> made me look good | <input type="checkbox"/> nailed it | <input type="checkbox"/> got out of bed |
| <input type="checkbox"/> took one for the team | <input type="checkbox"/> said please | <input type="checkbox"/> showed them |
| <input type="checkbox"/> still got it | <input type="checkbox"/> are employed | <input type="checkbox"/> made toast |
| <input type="checkbox"/> used your brain | <input type="checkbox"/> got help | <input type="checkbox"/> knew the answer |
| <input type="checkbox"/> showered | <input type="checkbox"/> held it together | <input type="checkbox"/> rock |
| <input type="checkbox"/> sealed the deal | <input type="checkbox"/> survived | <input type="checkbox"/> _____ |

OH YEAH, AND: _____

- way to go keep it up don't leave me hanging

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