

# 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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