

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 _____ |