



Capture a Moment in Time

TIME CAPSULE QUESTIONNAIRE

Date:	Favorite Quote:
Name:	
Age:	
City & State:	
School & Grade:	Something I'd like to improve:
Favorite Color:	
Favorite Food:	
Least Favorite Food:	
Favorite Song:	Something I do well:
Favorite Movie:	
Favorite Book:	
Favorite Game:	
Favorite Sport:	Something I'm looking forward to:
Favorite Chore:	
Favorite Holiday:	
Favorite Belonging:	
Best Friends:	What I want to be doing in 10 years:
Favorite Place:	
Favorite Family Activity:	
Dream Job:	
Dream Vacation:	Signature:
Favorite Game:	