

MOVIE REVIEW

MOVIE:

DATE:

YOUR NAME & AGE:



WHO IS WATCHING WITH YOU?

MOVIE SNACKS:

FAVORITE PART:

WORST PART:

THIS MOVIE WAS...

(Check all that apply.)

- | | |
|--------------------------------|-------------------------------------|
| <input type="radio"/> Funny | <input type="radio"/> Interesting |
| <input type="radio"/> Sad | <input type="radio"/> Action-Packed |
| <input type="radio"/> Boring | <input type="radio"/> Inappropriate |
| <input type="radio"/> Exciting | <input type="radio"/> Okay |

WOULD YOU WATCH THIS MOVIE AGAIN?

- YES**
- NO**