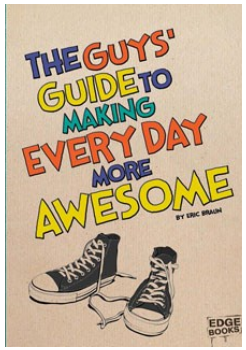
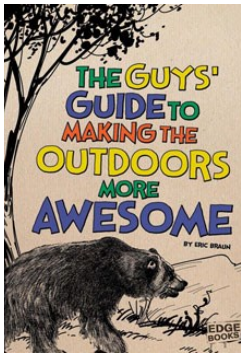
Guy's GUIDE

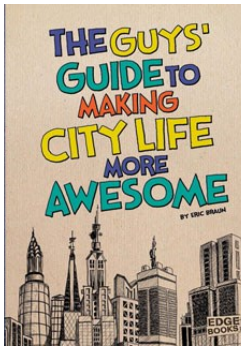
myON



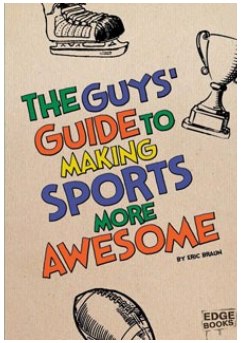
#1	



#2	



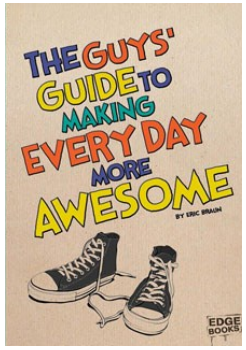
#3	



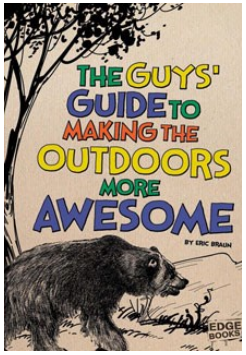
#4	

Guy's GUIDE

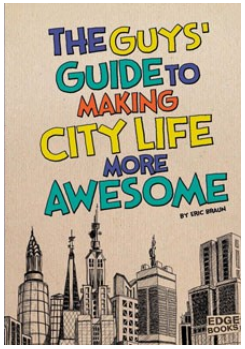
myON



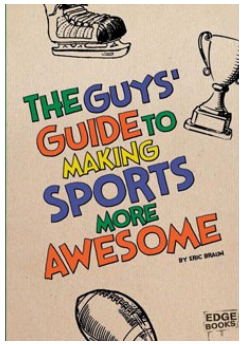
#1	



#2	



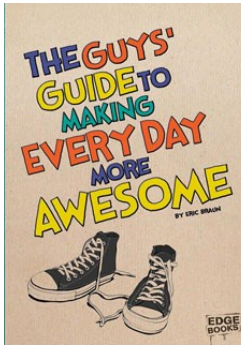
#3	



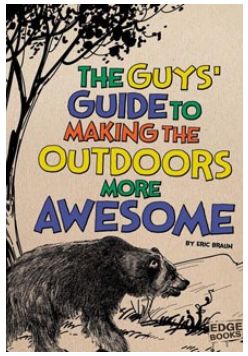
#4	

Guy's GUIDE

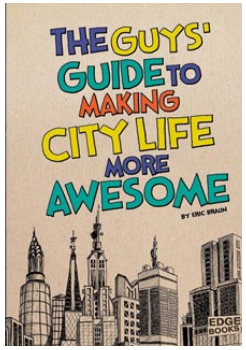
myON



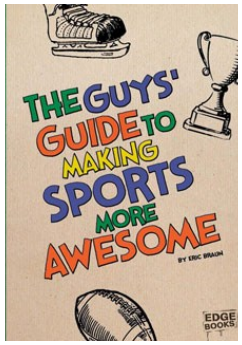
#1	



#2	



#3	



#4	

Name _____

Teacher_____

Date Started_____

Date Finished_____

1. **The Guys' Guide to Making Every Day More Awesome**
2. **The Guys' Guide to Making Outdoors More Awesome**
3. **The Guys' Guide to Making City Life More Awesome**
4. **The Guys' Guide to Making Sports More Awesome**

Name _____

Teacher_____

Date Started_____

Date Finished_____

1. **The Guys' Guide to Making Every Day More Awesome**
2. **The Guys' Guide to Making Outdoors More Awesome**
3. **The Guys' Guide to Making City Life More Awesome**
4. **The Guys' Guide to Making Sports More Awesome**

Name _____

Teacher_____

Date Started_____

Date Finished_____

1. **The Guys' Guide to Making Every Day More Awesome**
2. **The Guys' Guide to Making Outdoors More Awesome**
3. **The Guys' Guide to Making City Life More Awesome**
4. **The Guys' Guide to Making Sports More Awesome**