

Name _____

Date _____

VOTING SLIPS

DIRECTIONS: Cast your vote based on what you know.

VOTING SLIP

MY NAME:

MY VOTE:

HOW DID YOU DECIDE ON YOUR VOTE?

I came up with my vote by

.....
.....
.....



VOTING SLIP

MY NAME:

MY VOTE:

HOW DID YOU DECIDE ON YOUR VOTE?

I came up with my vote by

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