Name: _____ Date: _____

BIG ACTIVITY: *Fright Gallery!*

What if you could create a frightful dummy? What would it look like? What would it say? Create your own scary dummy by filling out the information below.

Name: _____

Appearance: _____
_____
_____

Special Powers: _____
_____
_____

Weaknesses: _____
_____
_____

Favorite Phrases: _____
_____
_____
_____
_____

Most Frightful Thing About Your Dummy:
_____
_____
_____
_____

Draw Your Dummy's Face Here!