

NAME 10 THINGS ON YOUR BUCKET LIST. WHAT HAVE YOU CHECKED OFF SO FAR IN LIFE?
WHAT DO YOU NEED TO DO TO ACCOMPLISH THE REST?

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
