



Homeroom Bingo

Name _____

1. For each square, fill in your answer for “You _____.”
2. Do not pass this one!.... Get your Teacher’s signature in the center when you have filled in all of the You____’s.
3. Ask around. Find someone that has a matching answer in a matching box. Each of you sign the other’s paper by the ?.
4. No....you don’t get to change answers!!!
5. Get a BINGO; Have it checked by the teacher! Get a PRIZE.

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|---|--|--|---|--|
| What is the name of the last movie you saw? ? _____ You _____ | How many letters are in your last name? ? _____ You _____ | In what subject do you plan on earning an A? ? _____ You _____ | What did you eat for breakfast? ? _____ You _____ | Do you have any pets? ? _____ You _____ |
| What is your favorite food? ? _____ You _____ | What are the first three digits in your phone #? ? _____ You _____ | Have you had your tonsils removed? ? _____ You _____ | How many brothers & sisters do you have? ? _____ You _____ | Do you ride the bus to school? ? _____ You _____ |
| What time did you go to bed last night? ? _____ You _____ | What color are your socks? ? _____ You _____ | Free Space Teacher’s Signature _____ | What is your favorite month? ? _____ You _____ | What is your favorite sport to watch? ? _____ You _____ |
| What is your favorite animal? ? _____ You _____ | What street or road do you live on? ? _____ You _____ | What month is your birthday? ? _____ You _____ | What is the name of your favorite singer or band? ? _____ You _____ | Name one item you have in your pocket. ? _____ You _____ |
| What is the name of your favorite professional sports team? ? _____ You _____ | Name one planet. (Besides Earth) ? _____ You _____ | What is your favorite color? ? _____ You _____ | What game (not a sport) do you like to play? ? _____ You _____ | Where were you born? ? _____ You _____ |