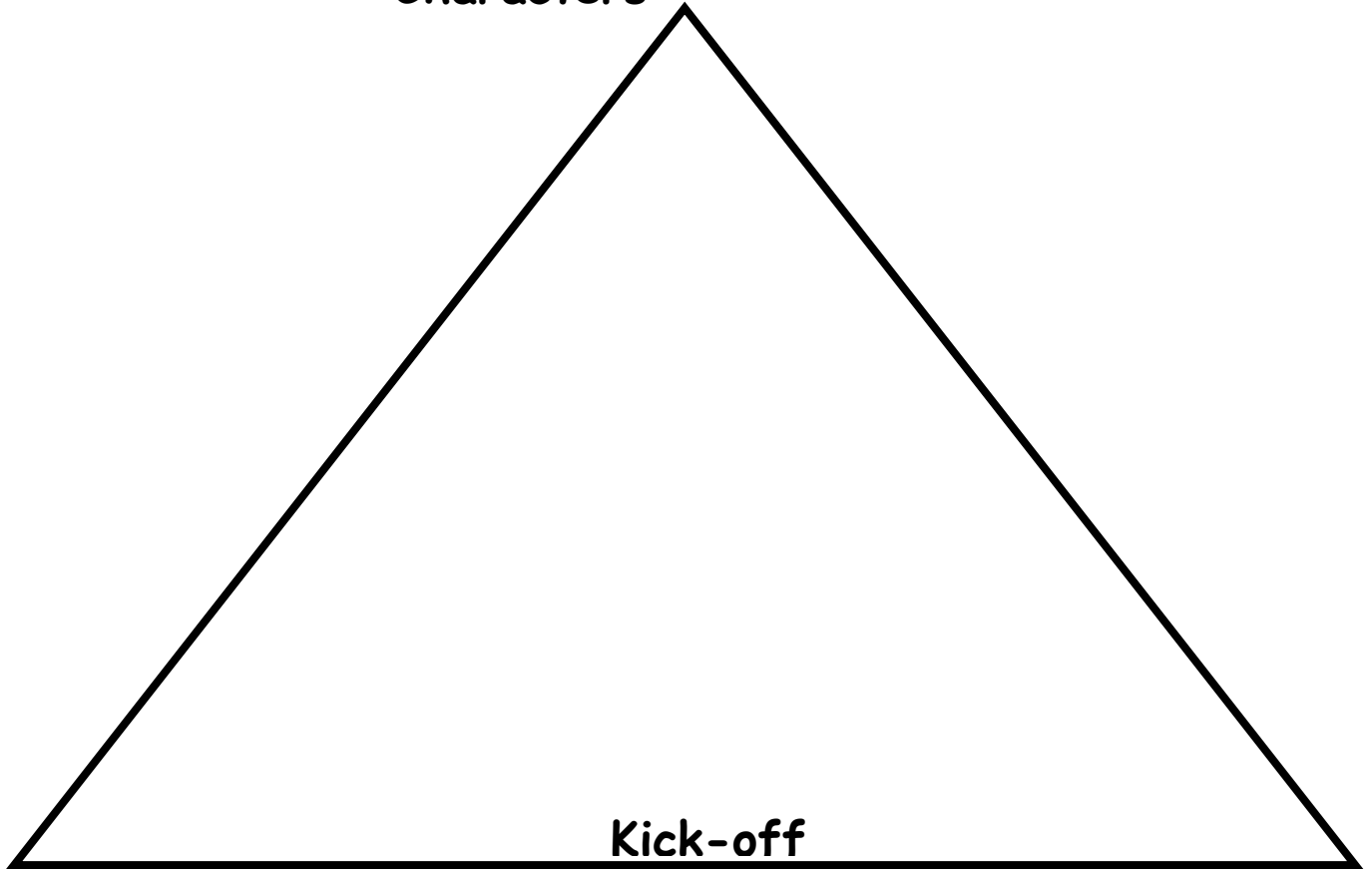


Name _____

Beginning

Characters:



Setting:

Where/When

Plan

Kick-off

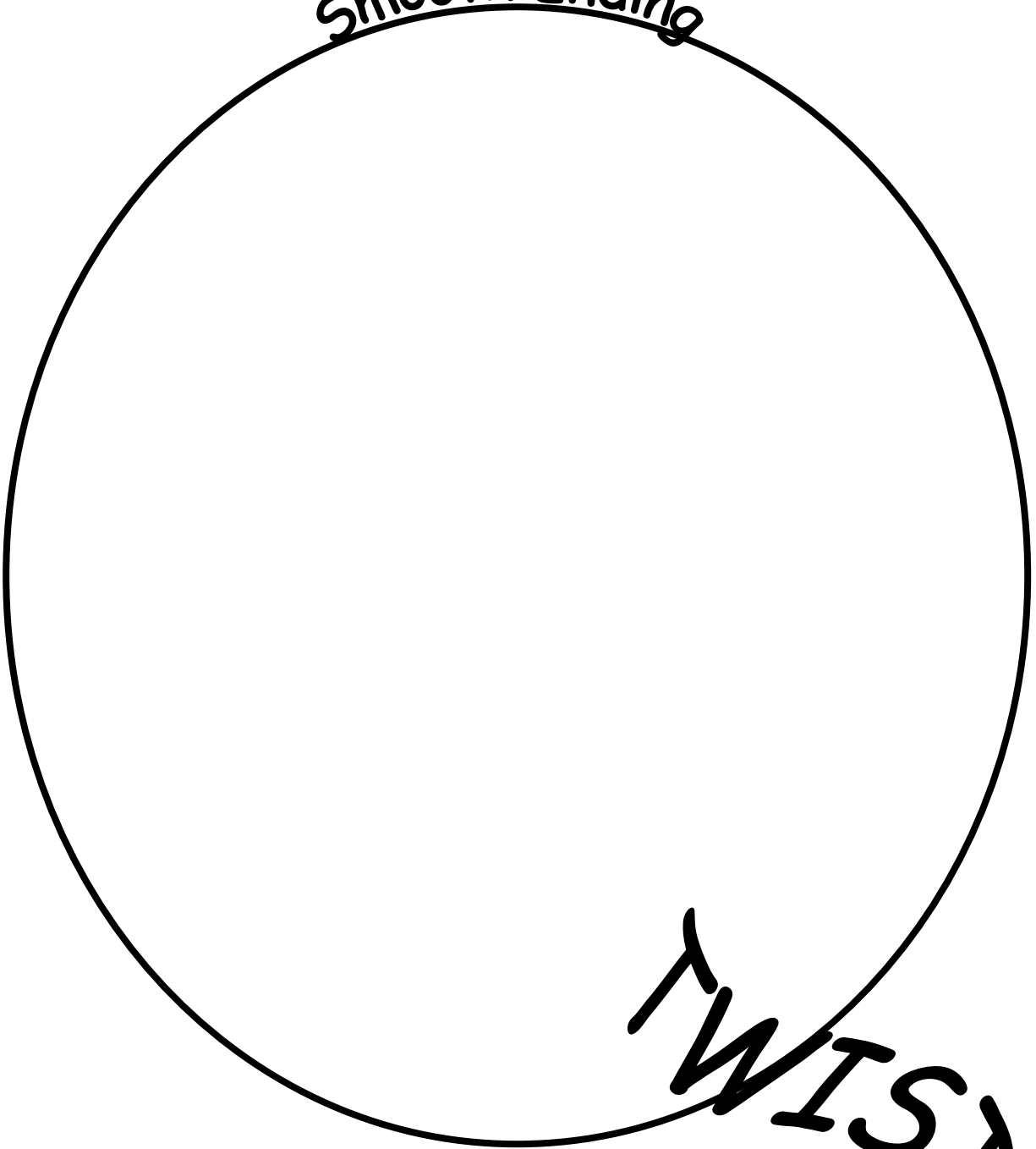
Middle

Attempts/Action

<input data-bbox="201 352 298 403" type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<input data-bbox="201 741 298 791" type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<input data-bbox="201 1142 298 1192" type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<input data-bbox="201 1543 298 1593" type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>

Ending

Resolution
Smooth Ending



TWIST