

INTERACT CLUB FIELD TRIP QUESTIONS

Name : _____

Std: _____ Div: ____

Place Of Visit: _____

Date: _____

1. Name of the child _____

2. Language spoken: _____

3. Age : _____

4. Std : _____

5. Hobbies /Games : _____

6. Favourite Hero/Heroine:

7. Favourite animal : _____

8. Best friend: _____

9. What do you do on Sundays?

10. What time do you wake up ?

11. How many hours do you study everyday /Sundays?
