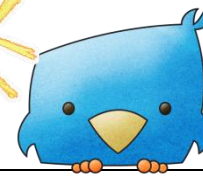


Nom: \_\_\_\_\_



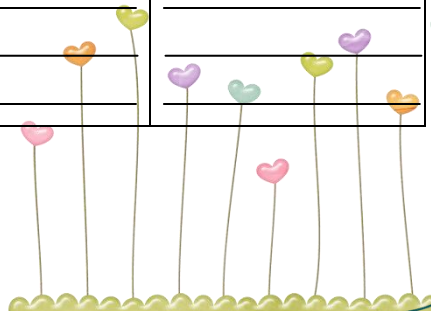
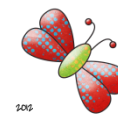
# Mes bonnes actions durant le mois!



que puis-je faire  
comme bonnes  
actions?

Mois : \_\_\_\_\_

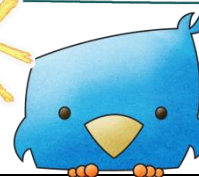
Dimanche	Lundi	Mardi	Mercredi	Jeudi	vendredi	Samedi
____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <input type="checkbox"/>	____ <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"/>	____ <input type="checkbox"/>
____	____	____	____	____	____	____
____	____	____	____	____	____	____



Nom: \_\_\_\_\_



# Mes bonnes actions du mois!



Comment puis-je  
faire plaisir  
quelqu'un?

Mois : \_\_\_\_\_

Dimanche	Lundi	Mardi	Mercredi	Jeudi	vendredi	Samedi
_____ <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"/>	_____ <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"/>	_____ <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

