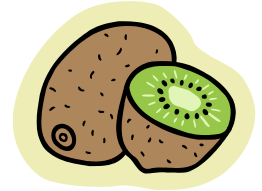


Name _____

Date _____

Put More Power on Your Plate

List your favorite fruits, vegetables, and those you are willing to try below:



Top 5 Favorite Fruits

1. _____
2. _____
3. _____
4. _____
5. _____

Top 5 Favorite Vegetables



1. _____
2. _____
3. _____
4. _____
5. _____

5 Fruit or Vegetables I've never tried or I don't like but I'm willing to try again

1. _____
2. _____
3. _____
4. _____
5. _____

