



# I LIKE/ I DON'T LIKE

Nombre y apellidos: .....

Curso: .....

Fecha: .....

Do you like...?

I like

I don't like



Cycling



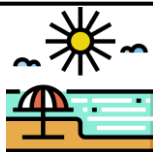
Playing videogames



Reading books



Eating vegetables



Going to the beach



Doing exercise



Playing an instrument



Going to the cinema



Swimming



Skating



Dancing



Painting