

# Privacy Game

Write down the following things about yourself. You can write "No" instead of answering.

 First Name: \_\_\_\_\_  Last Name: \_\_\_\_\_


 Age: \_\_\_\_\_  School/Work: \_\_\_\_\_

 Home Address: \_\_\_\_\_

 Favorite Movie: \_\_\_\_\_

 Best Friend: \_\_\_\_\_

 Biggest Fear: \_\_\_\_\_

 Most Embarrassing Moment: \_\_\_\_\_

 Last Test/Class Result: \_\_\_\_\_

 Birthday: \_\_\_\_\_

 Email: \_\_\_\_\_

 Mobile Phone Number: \_\_\_\_\_

 Social Media Handle(s): \_\_\_\_\_

 Most Recent Photo Taken: \_\_\_\_\_

*Optional: If you have a mobile device with you, you can select and show the most recent photo and/or video you took with your phone as you walk around.*

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