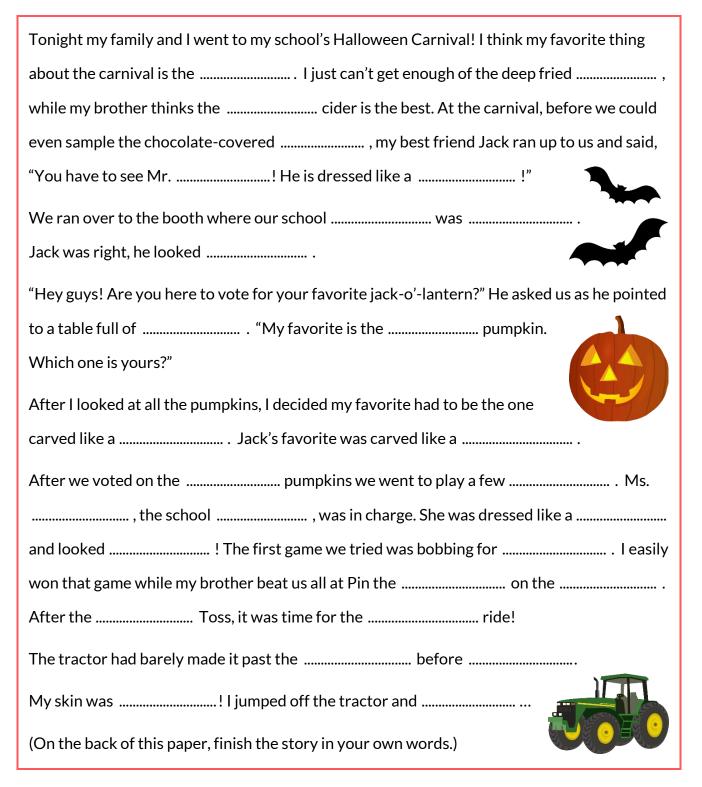
Name .....

Date .....

## Fill-in Halloween Story: The School Carnival

**Directions:** Fill in the blanks with your own descriptive nouns, verbs, and adjectives to complete the Halloween story.



##