

# My Travel Bucket List

Where Have You Been? (put a check next to the ones you like best)

- |                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

My Dream Destinations

- |                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

My Dream Activities

- |                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Top Bucket List Vacations

- |                          |       |                  |
|--------------------------|-------|------------------|
| <input type="checkbox"/> | _____ | Goal Date: _____ |
| <input type="checkbox"/> | _____ | Goal Date: _____ |
| <input type="checkbox"/> | _____ | Goal Date: _____ |
| <input type="checkbox"/> | _____ | Goal Date: _____ |