I Listened For:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

I Smelled:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

I Felt:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |