

**Personal Film List**

**Name** \_\_\_\_\_

**Block** \_\_\_\_\_

**Please record every movie you have ever watched. This may seem like a daunting task; it is. Use whatever means necessary to think of movies you have seen. Brainstorm; ask friends; go to the video store and peruse the aisles; read through movie lists for top movies, worst movies, new releases, etc. Include movies you watched at the theater, at home, in school, in a car, boat, plane - you get the picture.**

**Continue for as many sheets as necessary.**

<b>MOVIE TITLE</b>	<b>HOW MANY TIMES?</b>	<b>TOTAL HOURS</b>
<b>1</b> _____	_____	_____
<b>2</b> _____	_____	_____
<b>3</b> _____	_____	_____
<b>4</b> _____	_____	_____
<b>5</b> _____	_____	_____
<b>6</b> _____	_____	_____
<b>7</b> _____	_____	_____
<b>8</b> _____	_____	_____
<b>9</b> _____	_____	_____
<b>10</b> _____	_____	_____
<b>11</b> _____	_____	_____
<b>12</b> _____	_____	_____
<b>13</b> _____	_____	_____
<b>14</b> _____	_____	_____
<b>15</b> _____	_____	_____
<b>16</b> _____	_____	_____
<b>17</b> _____	_____	_____
<b>18</b> _____	_____	_____
<b>19</b> _____	_____	_____
<b>20</b> _____	_____	_____

**MOVIE TITLE**

**HOW MANY TIMES?**

**TOTAL HOURS**

	<b>MOVIE TITLE</b>	<b>HOW MANY TIMES?</b>	<b>TOTAL HOURS</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29	_____	_____	_____
30	_____	_____	_____