

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Outline

Title: \_\_\_\_\_

I. \_\_\_\_\_

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

II. \_\_\_\_\_

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

III. \_\_\_\_\_

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_