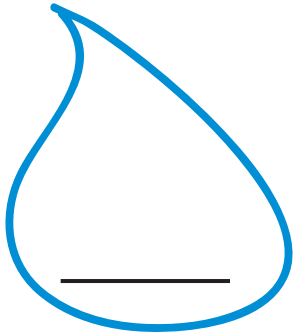
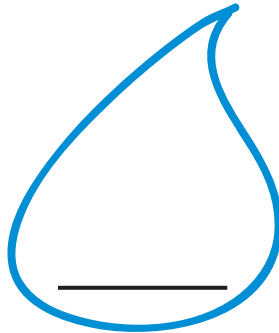


HOW MUCH RAIN DID WE GET?

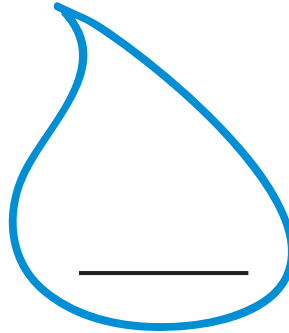
NAME: _____



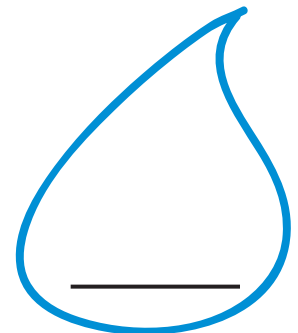
DAY 1



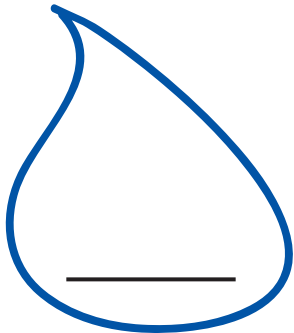
DAY 2



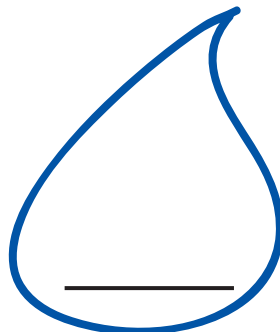
DAY 3



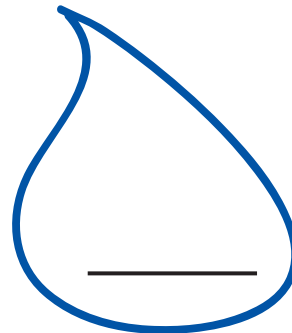
DAY 4



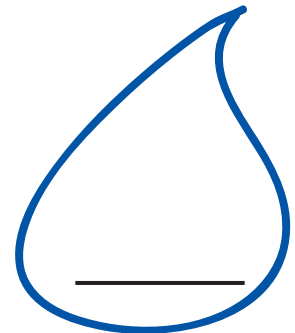
DAY 5



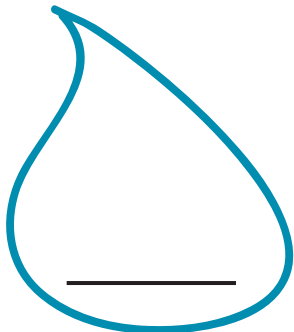
DAY 6



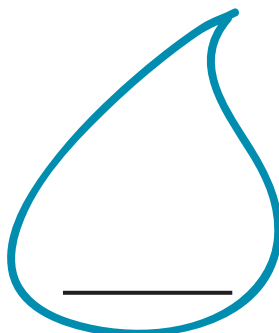
DAY 7



DAY 8



DAY 9



DAY 10

TOTAL: _____