

\$1.50

**EXTRA! EXTRA!**

| ALL THE  
NEWS! |

# PICK A MIRACLE. ANY MIRACLE.

(SERIOUSLY! PICK A MIRACLE!)

READ A MIRACLE. TRY JOHN 11:32-44;  
MARK 4:35-41; MARK 8:22-26 or pick your own!

Write AN ARTICLE about it AS IF you're working for  
ONE OF THOSE WILD TABLOIDS THAT ALWAYS RUNS  
STORIES OF BIGFOOT + SPACE ALIENS. INCLUDE  
QUOTES FROM "UNNAMED WITNESSES" AND BE  
SURE TO USE LOTS OF EXCLAMATION POINTS!!!

CAPTION:

**DRAW HUMPTY-DUMPTY.**



Do I have to believe Jesus performed miracles?

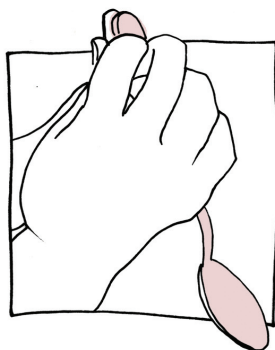


that's a miracle!

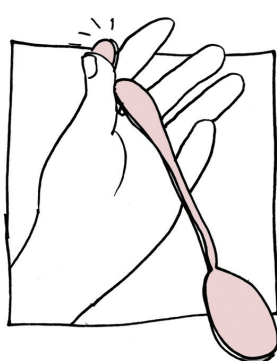
LEARN THIS ~~MIRACLE~~. <sup>MAGIC TRICK</sup>



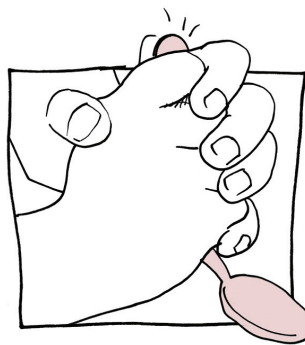
You Need:



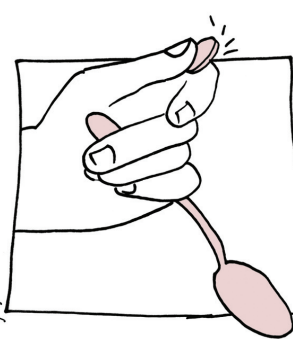
1. Hold the spoon with both hands, pressing the bowl of the spoon on a table top. Hold a nickel between your thumb and index finger so it looks like the end of the spoon.



2. Here's how the handle and nickel should look between your hands.



3. Pretend to press the spoon handle down toward the table. (The handle slides through your hands until it's at the base of your hands, closer to the table.)



4. Here's the real position of the handle as it looks like you're bending the spoon. Remember, your other hand will be covering the spoon as you do the trick!

PRACTICE PRACTICE PRACTICE!

Here's what  
THEY see!!

A BENT  
SPOON!

that's sick!

GIVE YOUR ANTI-WORKBOOK TO SOMEONE ELSE AND HAVE THEM  
TAKE YOUR MEDICAL HISTORY FOR UP TO 3  
OF YOUR MOST RECENT, SEVERE, or MEMORABLE ILLNESSES:

## MEDICAL CHART

Patient Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_ Doctor: \_\_\_\_\_

Insurance: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

### ILLNESS 1

Date (if known): \_\_\_\_\_

What symptoms do you have: \_\_\_\_\_

Circle words that describe how you feel:

tired    nauseous    sore    woozy  
anxious    congested    dizzy    other: \_\_\_\_\_

Have you been recently exposed to any illnesses? (flu, chicken pox, strep throat, etc.)    yes    no

### ILLNESS 2

Date (if known): \_\_\_\_\_

What symptoms do you have: \_\_\_\_\_

Circle words that describe how you feel:

tired    nauseous    sore    woozy  
anxious    congested    dizzy    other: \_\_\_\_\_

Have you been recently exposed to any illnesses? (flu, chicken pox, strep throat, etc.)    yes    no

### ILLNESS 3

Date (if known): \_\_\_\_\_

What symptoms do you have: \_\_\_\_\_

Circle words that describe how you feel:

tired    nauseous    sore    woozy  
anxious    congested    dizzy    other: \_\_\_\_\_

Have you been recently exposed to any illnesses? (flu, chicken pox, strep throat, etc.)    yes    no



2+

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