Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VANISHING ACT**

**With a cotton swab, place a VERY SMALL drop of rubbing alcohol on the back of your hand.**

|  |  |  |
| --- | --- | --- |
| **Record your observations.** | **Explain what happened to the alcohol.** | **Did you feel a cold or hot sensation?****TRY to explain why you might have felt this hot or cold sensation.** |
|  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VANISHING ACT**

**With a cotton swab, place a VERY SMALL drop of rubbing alcohol on the back of your hand.**

|  |  |  |
| --- | --- | --- |
| **Record your observations.** | **Explain what happened to the alcohol.** | **Did you feel a cold or hot sensation?****TRY to explain why you might have felt this hot or cold sensation.** |
|  |  |  |