

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

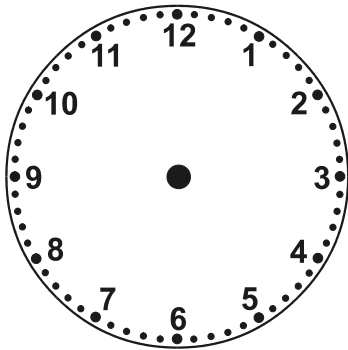
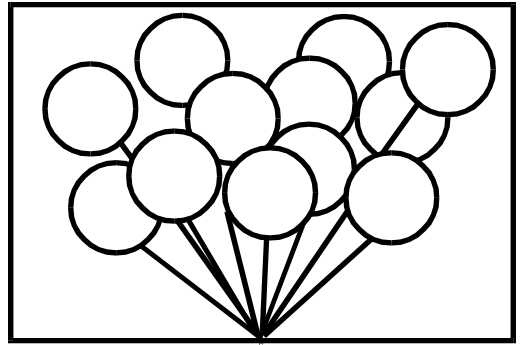
Date: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

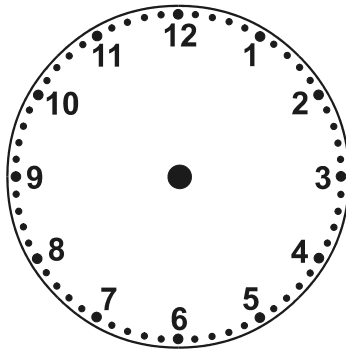
## Time Challenge

Complete the Activity.



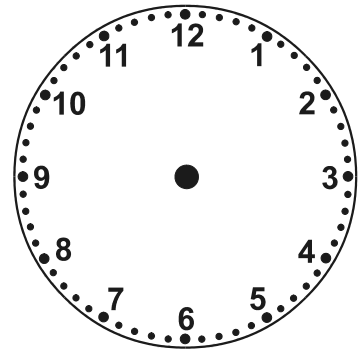
①

11:00



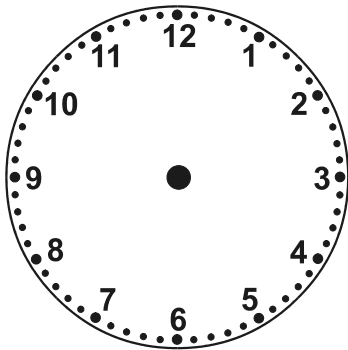
②

4:30



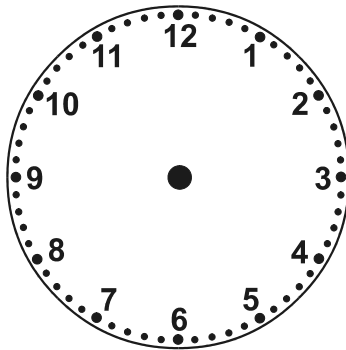
③

4:00



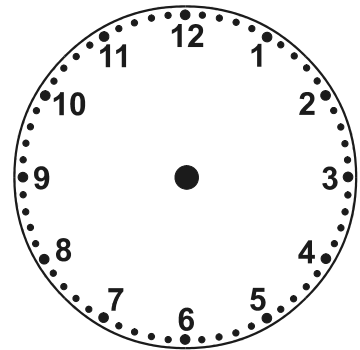
④

2:30



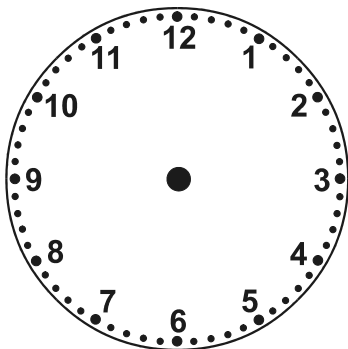
⑤

9:00



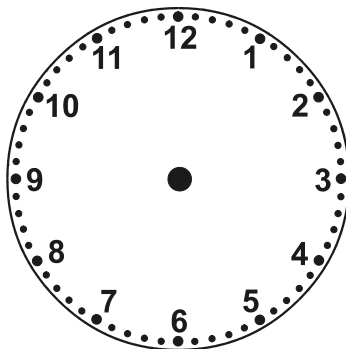
⑥

5:00



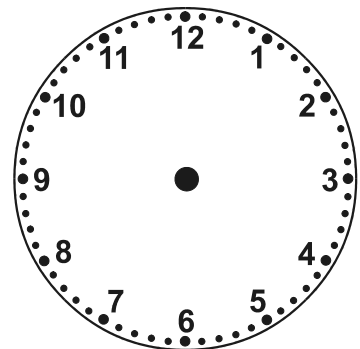
⑦

1:00



⑧

10:30



⑨

10:00