

Name: _____

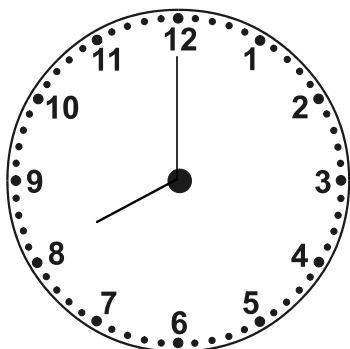
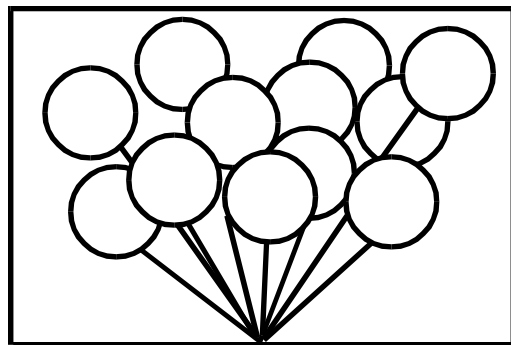
Date: _____

Class: _____

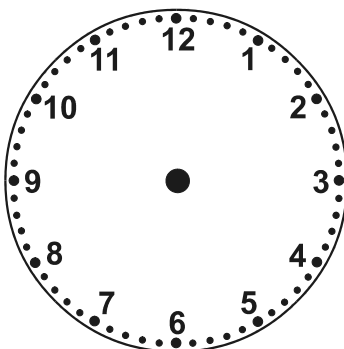
Teacher: _____

Time Challenge

Complete the Activity.

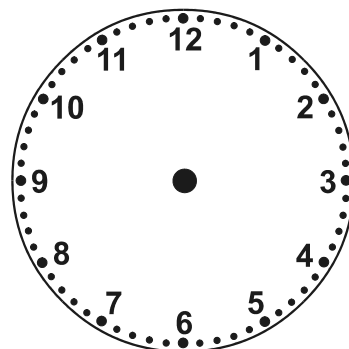


①



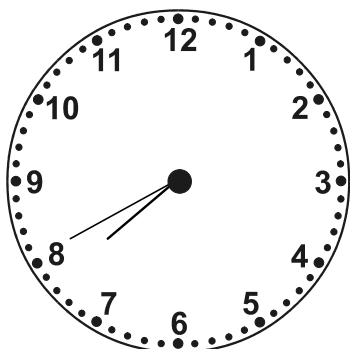
②

6:40

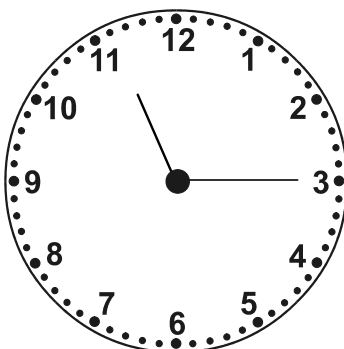


③

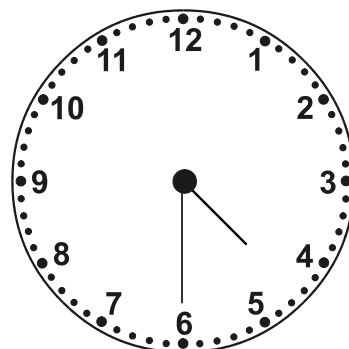
7:35



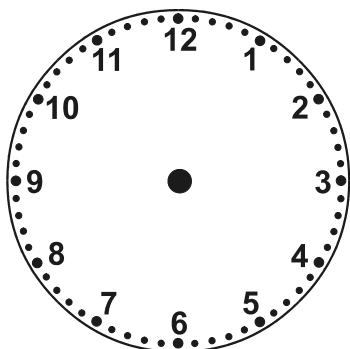
④



⑤

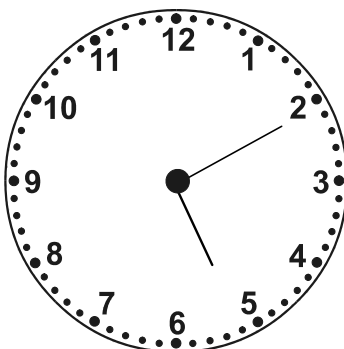


⑥

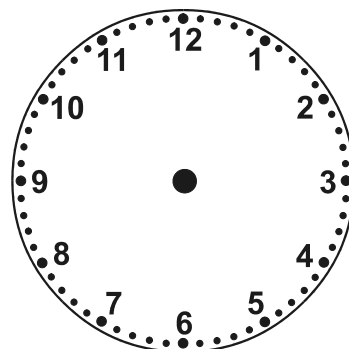


⑦

9:55



⑧



⑨

12:30
