

Name: _____

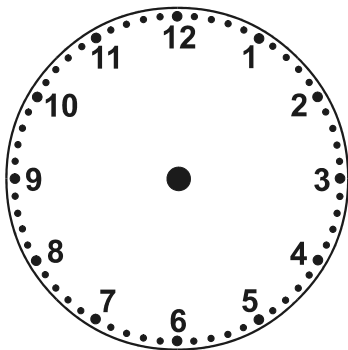
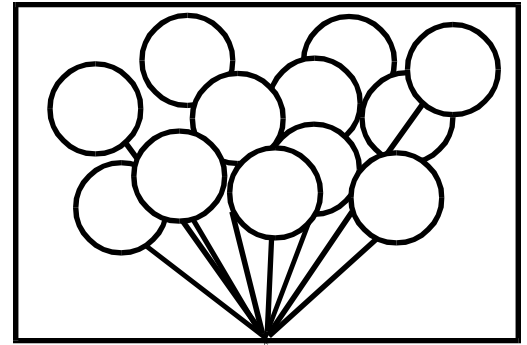
Date: _____

Class: _____

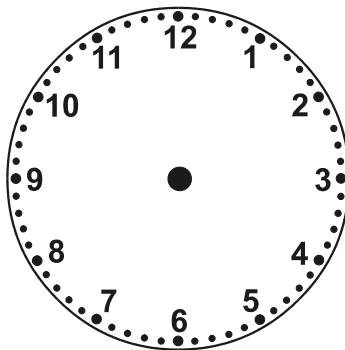
Teacher: _____

Time Challenge

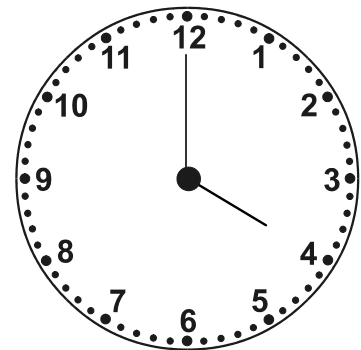
Complete the Activity.



5:30



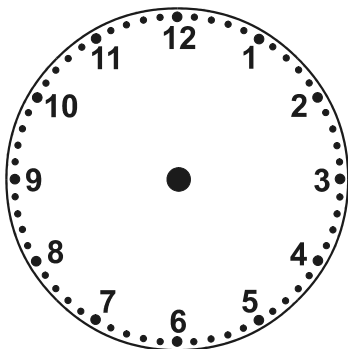
11:15



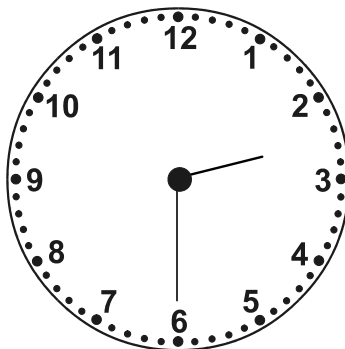
①

②

③



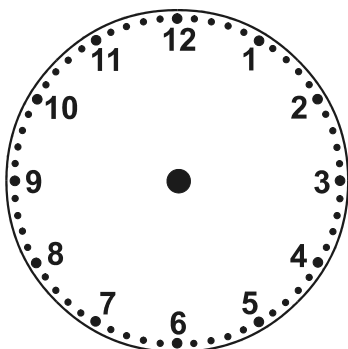
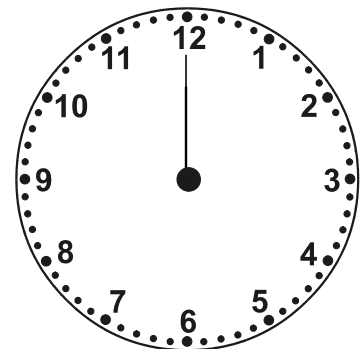
4:45



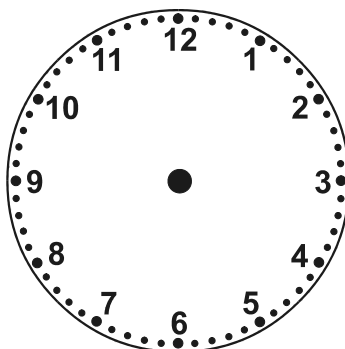
④

⑤

⑥



12:30



12:15

⑦

⑧

⑨

