

Name: _____

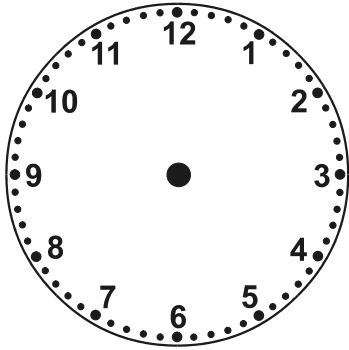
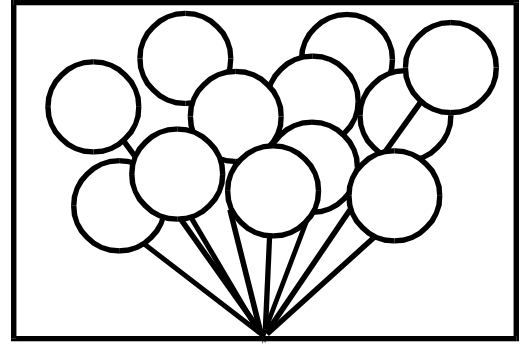
Date: _____

Class: _____

Teacher: _____

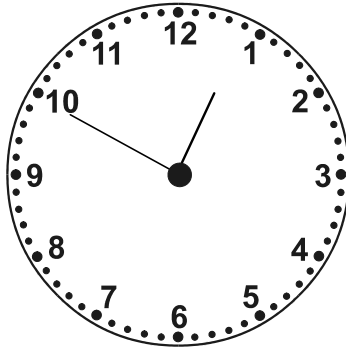
Time Challenge

Complete the Activity.

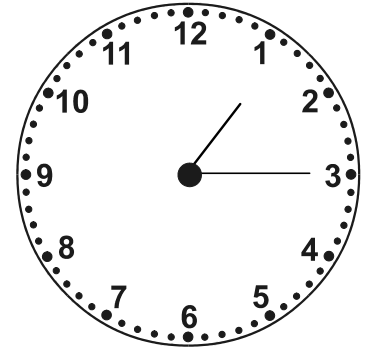


①

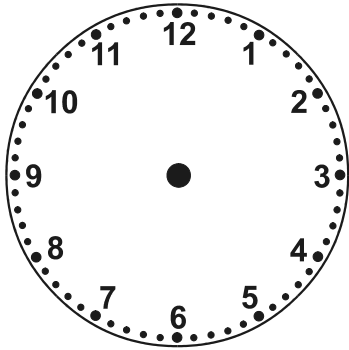
4:45



②

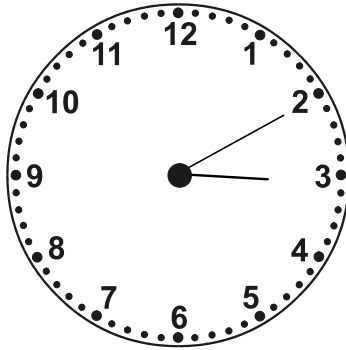


③

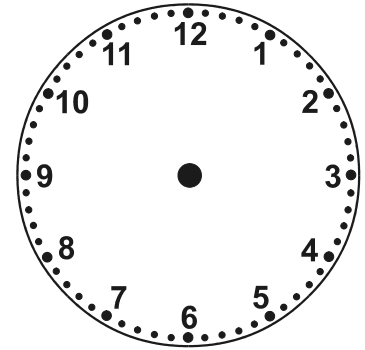


④

3:15

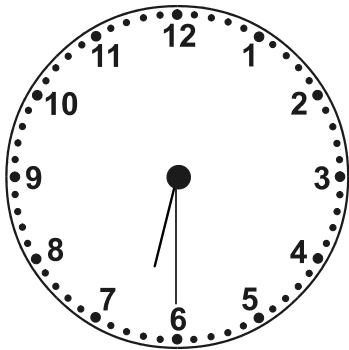


⑤

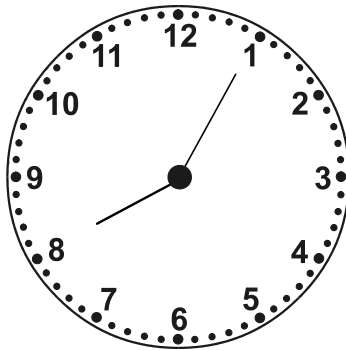


⑥

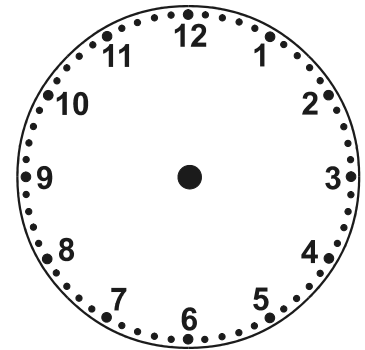
9:35



⑦



⑧



⑨

6:05