

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

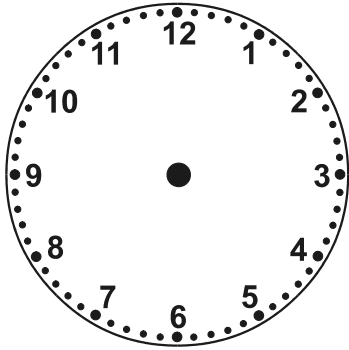
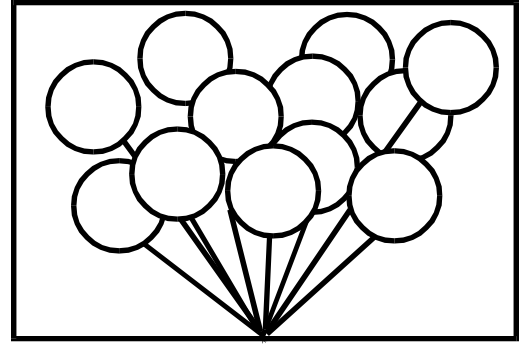
Date: \_\_\_\_\_

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

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

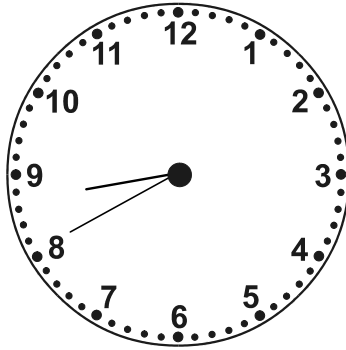
# Time Challenge

Complete the Activity.

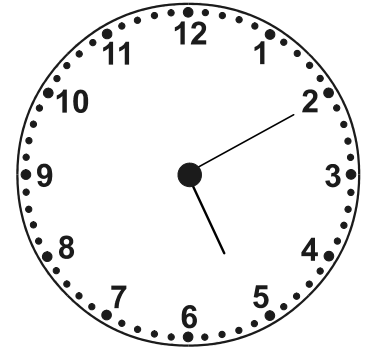


①

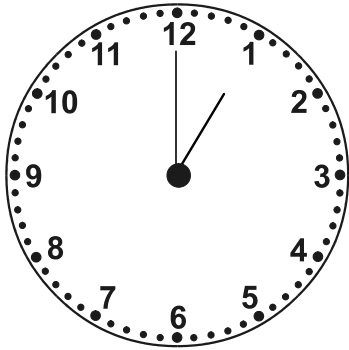
6:00



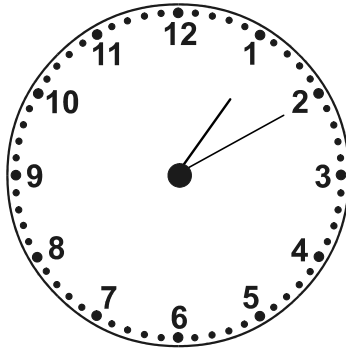
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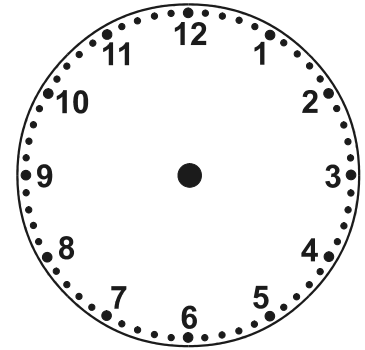
③



④

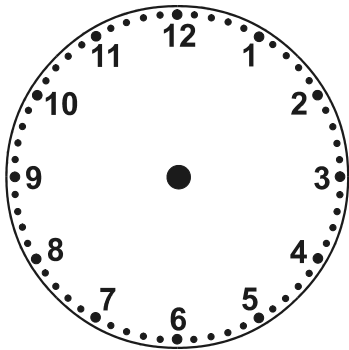


⑤



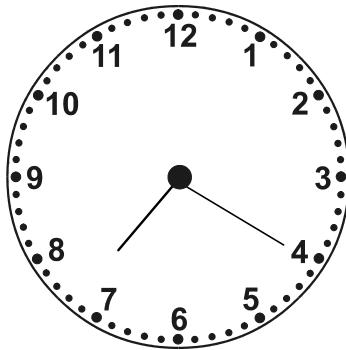
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10:30

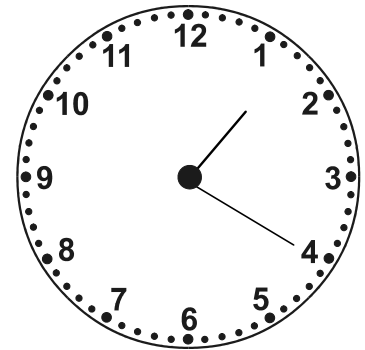


⑦

6:40



⑧



⑨