

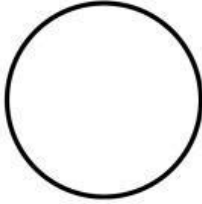
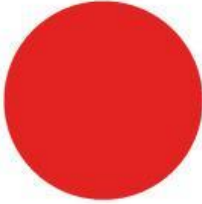
Name: \_\_\_\_\_

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

# Colors

Look and write the names of the colors

|      |        |       |            |
|------|--------|-------|------------|
| GRAY | YELLOW | BROWN | GREEN      |
| BLUE | PURPLE | BLACK | WHITE      |
| PINK | ORANGE | RED   | LIGHT BLUE |

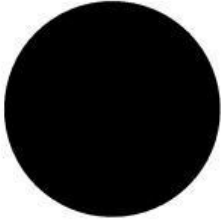
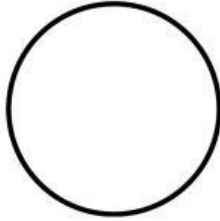
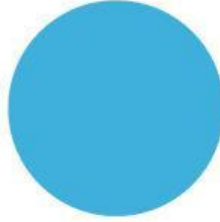
|                                                                                                             |                                                                                                             |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <br><input type="text"/>   | <br><input type="text"/>   | <br><input type="text"/>   |
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| <br><input type="text"/> | <br><input type="text"/> | <br><input type="text"/> |

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

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

# Colors

Look and write the names of the colors

|                                                                                                             |                                                                                                             |                                                                                                               |
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