

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

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

# Numbers

Write the numbers in the correct place

|       |        |     |      |
|-------|--------|-----|------|
| FOUR  | TWELVE | ONE | NINE |
| THREE | EIGHT  | SIX | FIVE |
| SEVEN | ELEVEN | TWO | TEN  |

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>1</b><br><input type="text"/>  | <b>2</b><br><input type="text"/>  | <b>3</b><br><input type="text"/>  |
| <b>4</b><br><input type="text"/>  | <b>5</b><br><input type="text"/>  | <b>6</b><br><input type="text"/>  |
| <b>7</b><br><input type="text"/>  | <b>8</b><br><input type="text"/>  | <b>9</b><br><input type="text"/>  |
| <b>10</b><br><input type="text"/> | <b>11</b><br><input type="text"/> | <b>12</b><br><input type="text"/> |