

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

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

# Numbers

Write the numbers in the correct place

FOUR  
THREE  
SEVEN

TWELVE  
EIGHT  
ELEVEN

ONE  
SIX  
TWO

NINE  
FIVE  
TEN

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