

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

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

# Numbers

Write the numbers in the correct place

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

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