

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> <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"/>