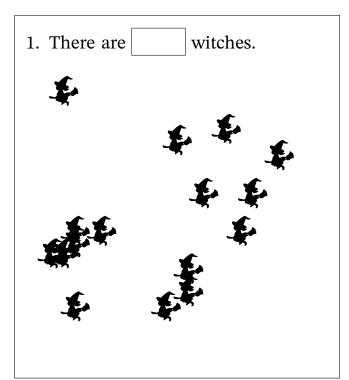
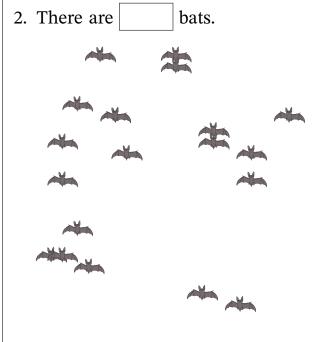
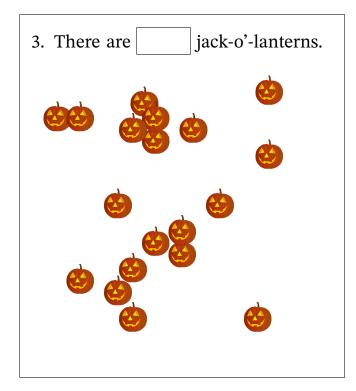
HALLOWEEN COUNTING (B)

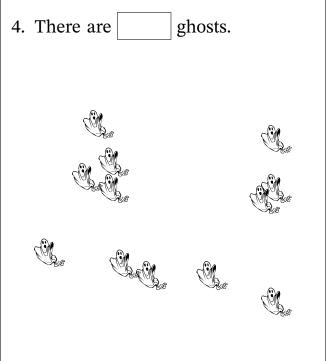
Name: Date: Score: /4

Count the number of items in each group, if you dare!









HALLOWEEN COUNTING (B) ANSWERS

Name: Date: Score: /4

Count the number of items in each group, if you dare!

