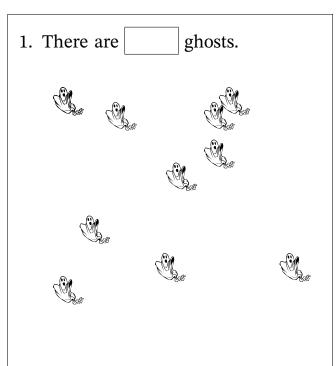
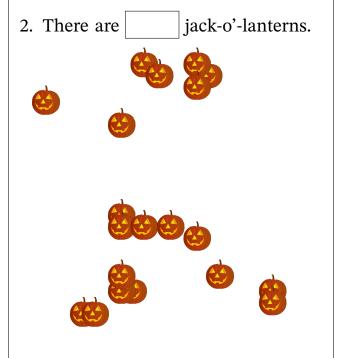
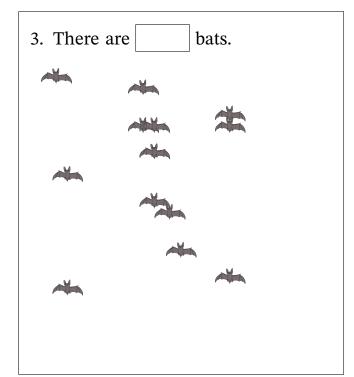
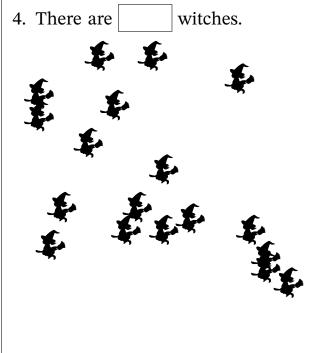
HALLOWEEN COUNTING (A)

Name: Date: Score: /4



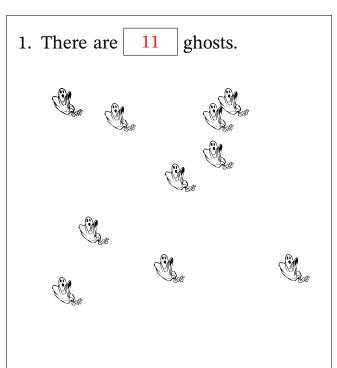


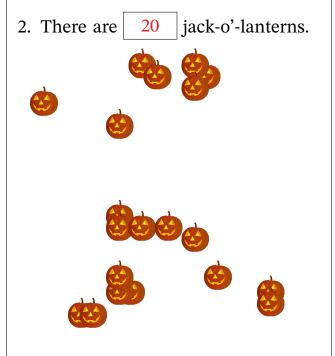


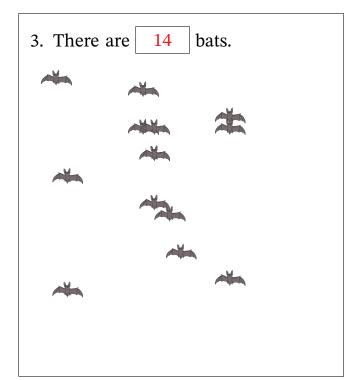


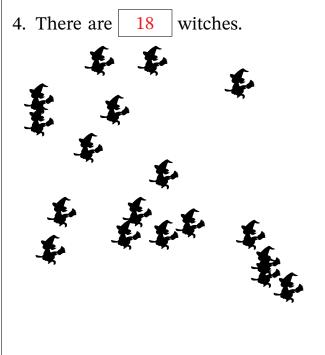
HALLOWEEN COUNTING (A) ANSWERS

Name: Date: Score: /4



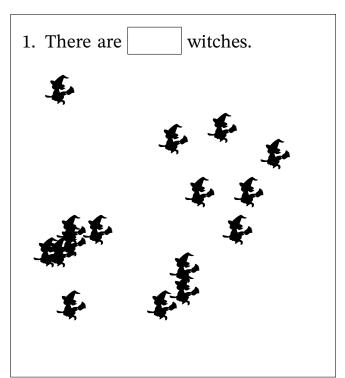


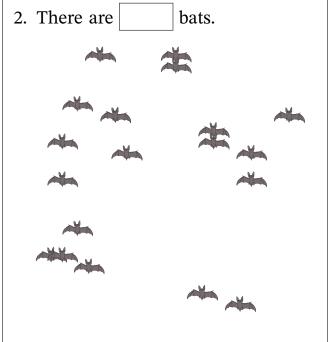


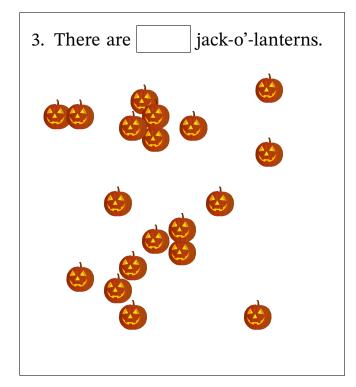


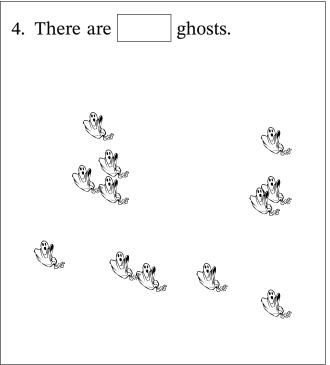
HALLOWEEN COUNTING (B)

Name: Date: Score: /4



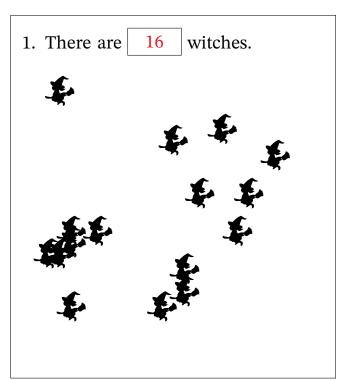


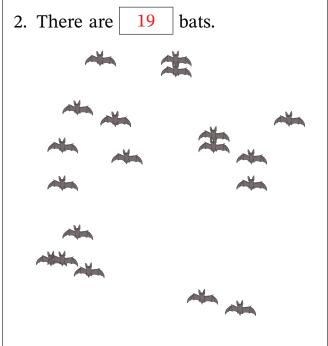


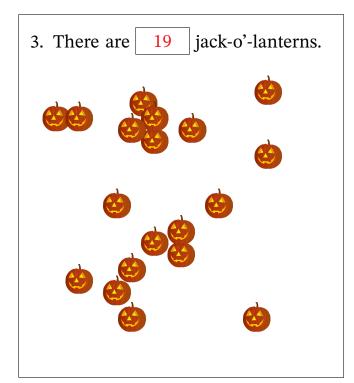


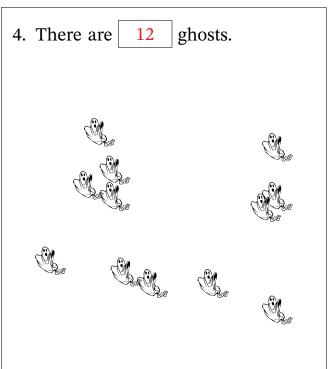
HALLOWEEN COUNTING (B) ANSWERS

Name: Date: Score: /4



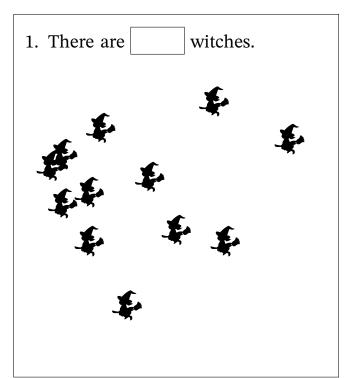


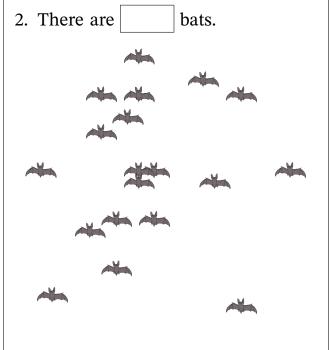


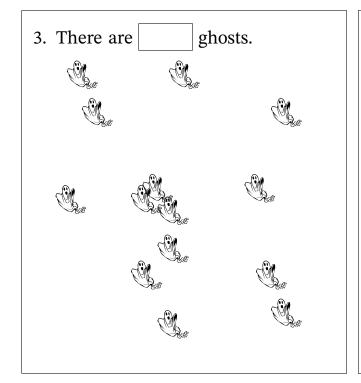


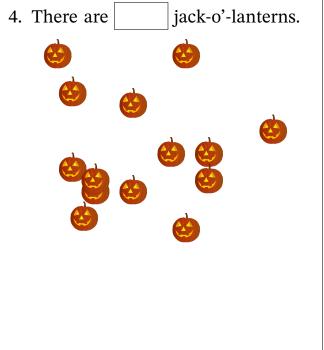
HALLOWEEN COUNTING (C)

Name: Date: Score: /4



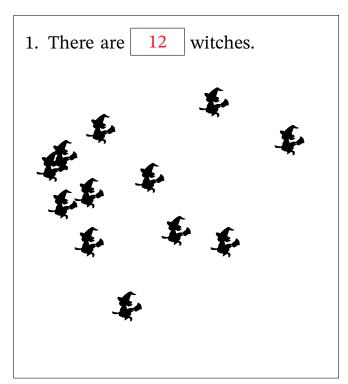


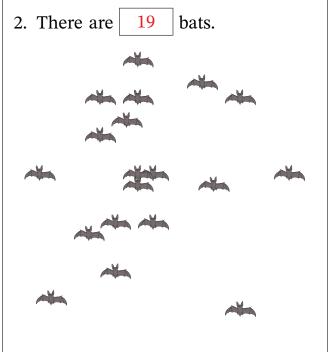


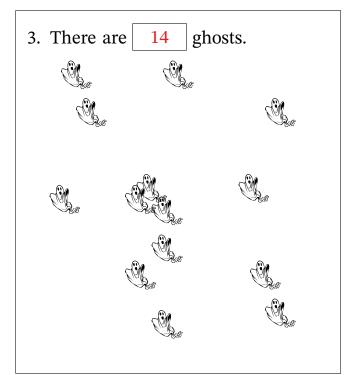


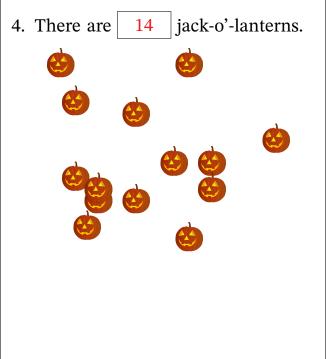
HALLOWEEN COUNTING (C) ANSWERS

Name: Date: Score: /4



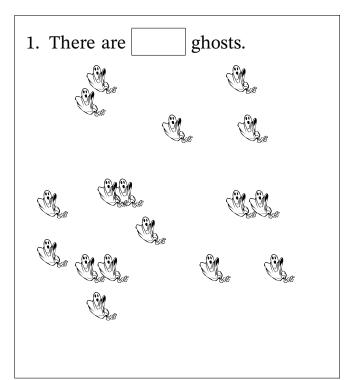


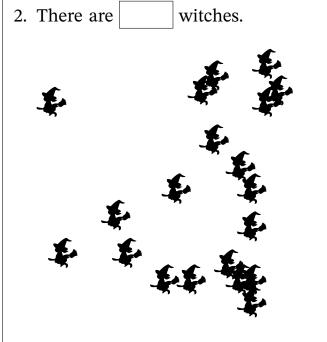


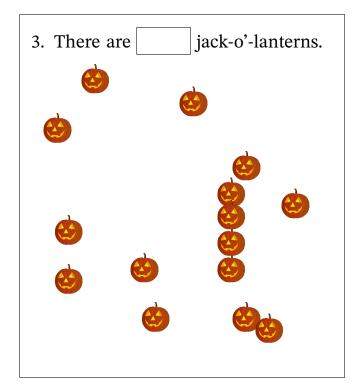


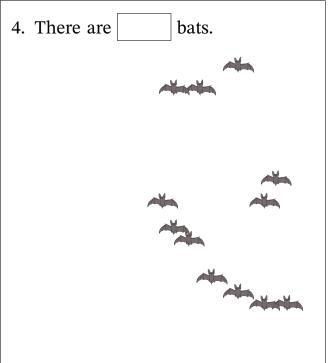
HALLOWEEN COUNTING (D)

Name: Date: Score: /4



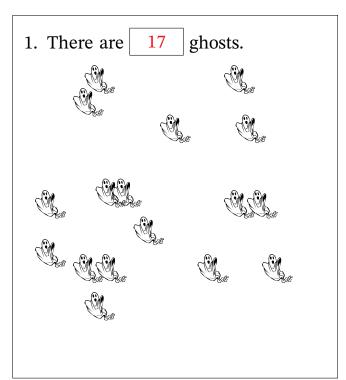


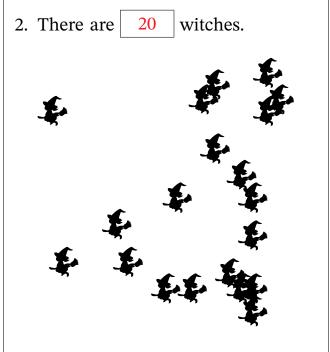


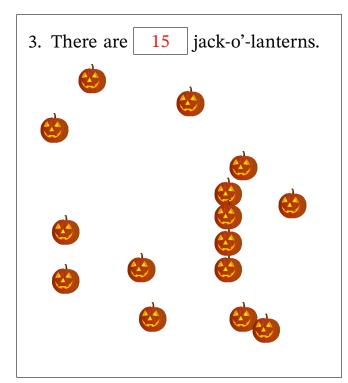


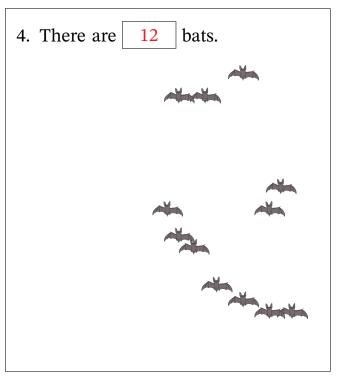
HALLOWEEN COUNTING (D) ANSWERS

Name: Date: Score: /4



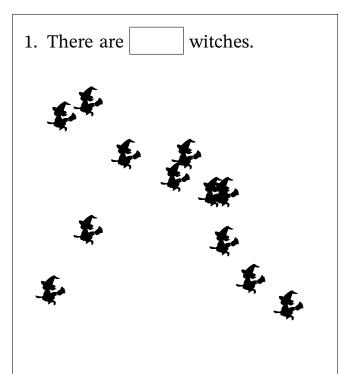


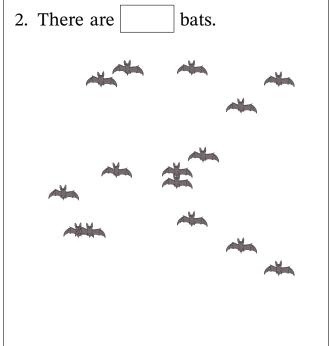


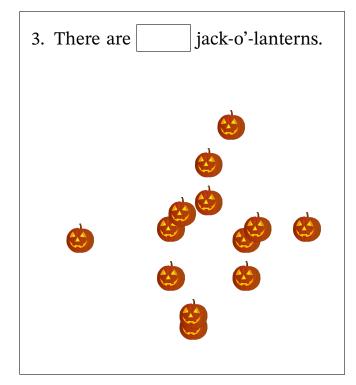


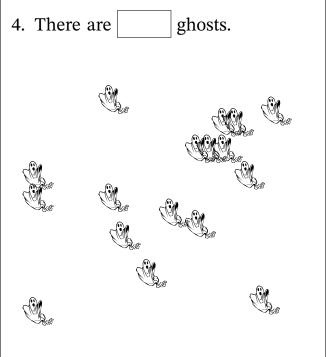
HALLOWEEN COUNTING (E)

Name: Date: Score: /4



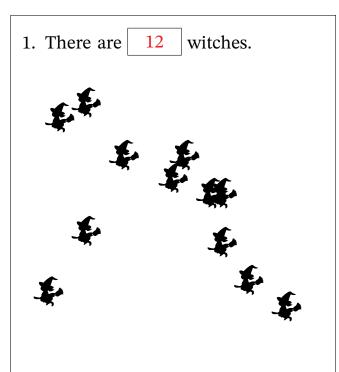


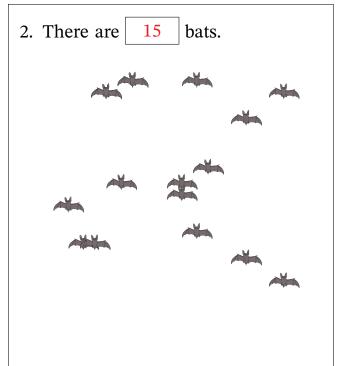


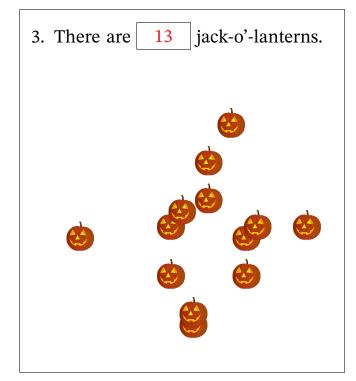


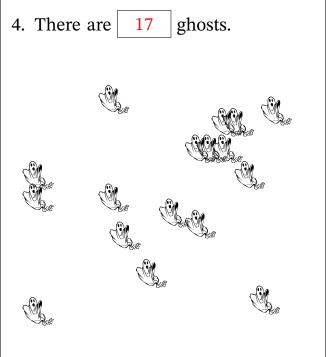
HALLOWEEN COUNTING (E) ANSWERS

Name: Date: Score: /4



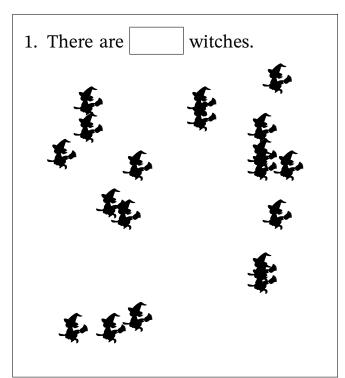


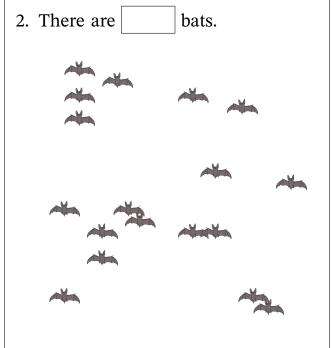


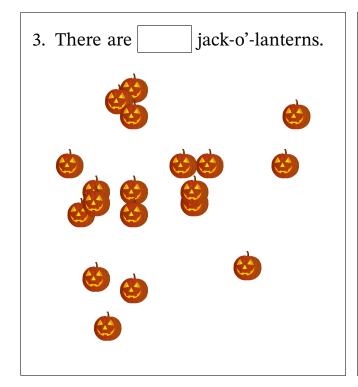


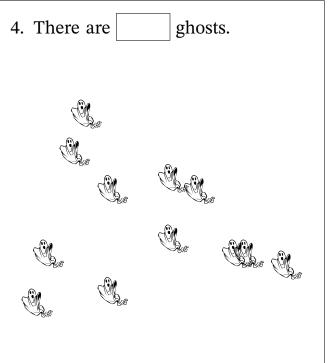
HALLOWEEN COUNTING (F)

Name: Date: Score: /4



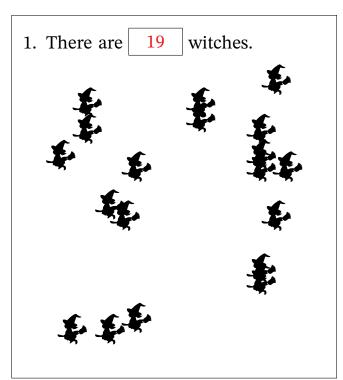


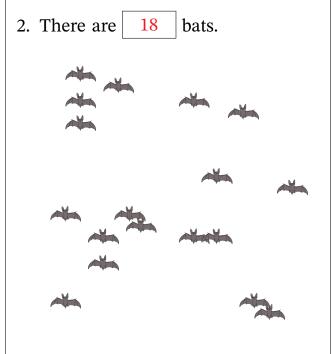


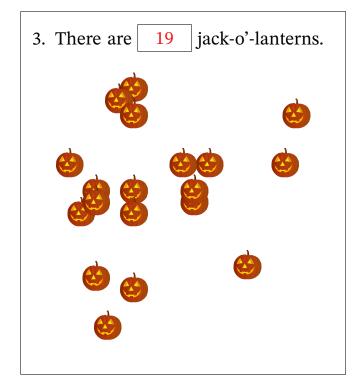


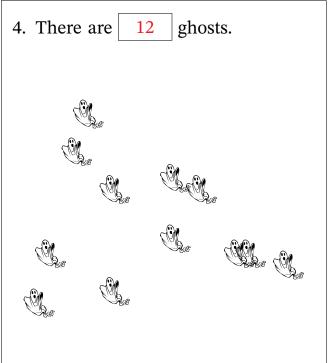
HALLOWEEN COUNTING (F) ANSWERS

Name: Date: Score: /4



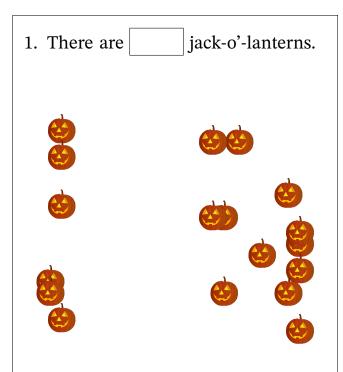


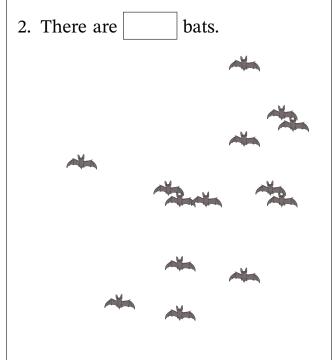


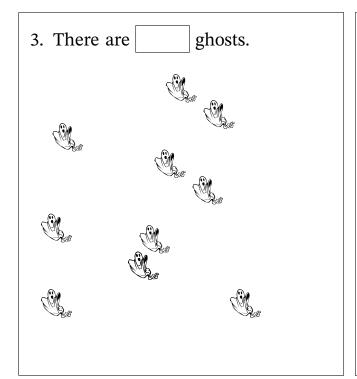


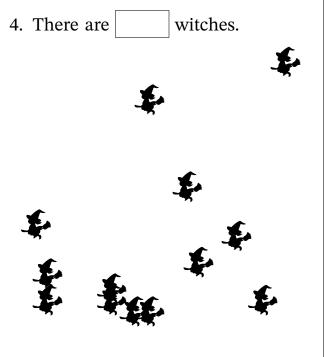
HALLOWEEN COUNTING (G)

Name: Date: Score: /4



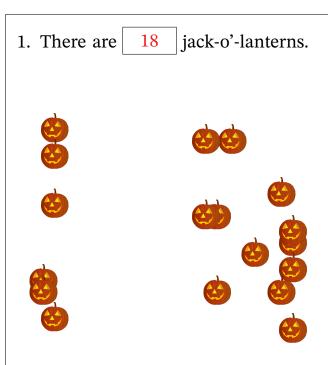


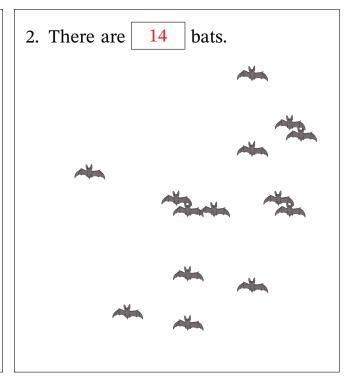


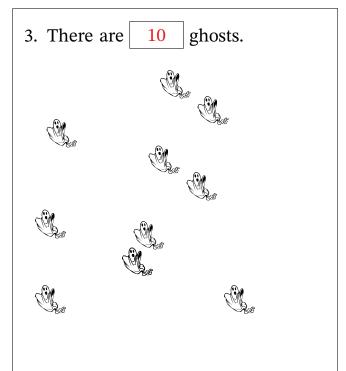


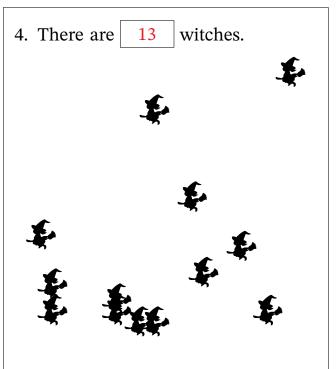
HALLOWEEN COUNTING (G) ANSWERS

Name: Date: Score: /4



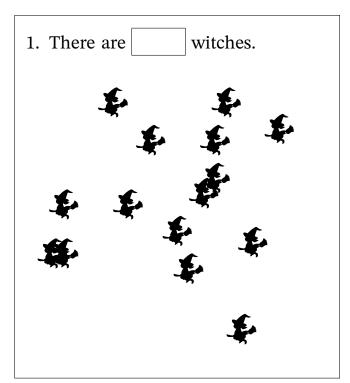


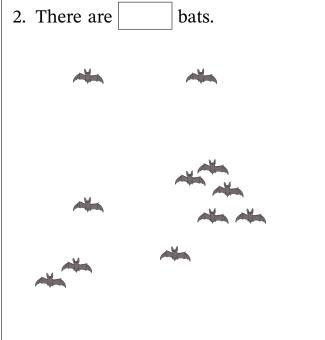


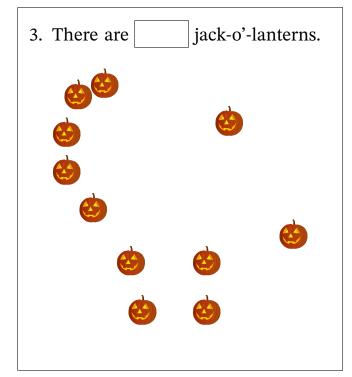


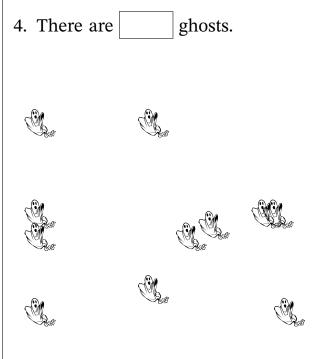
HALLOWEEN COUNTING (H)

Name: Date: Score: /4



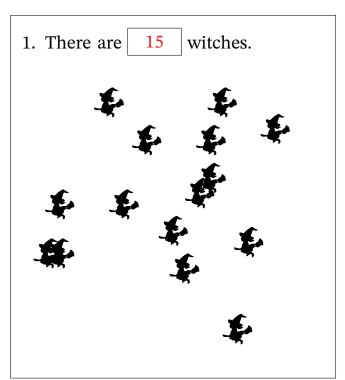


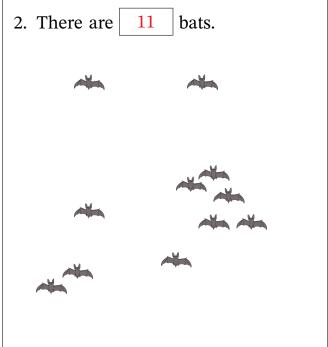


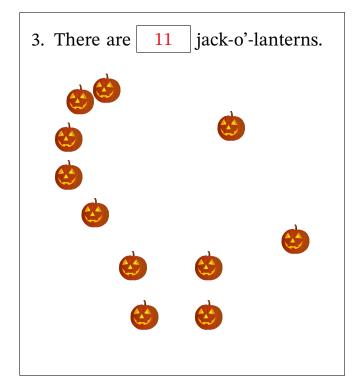


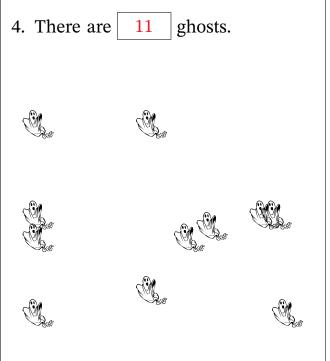
HALLOWEEN COUNTING (H) ANSWERS

Name: Date: Score: /4



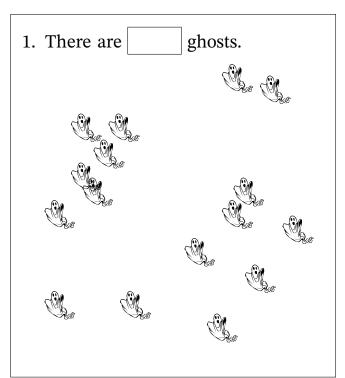


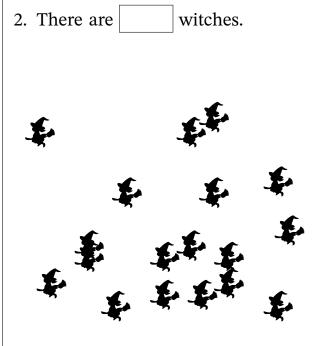


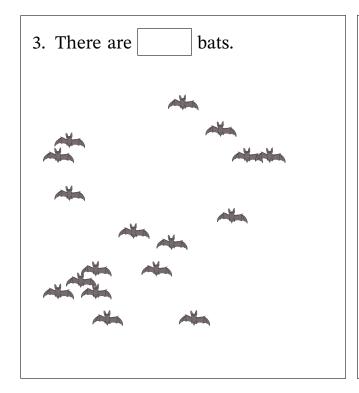


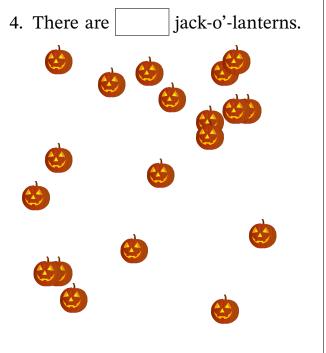
HALLOWEEN COUNTING (1)

Name: Date: Score: /4



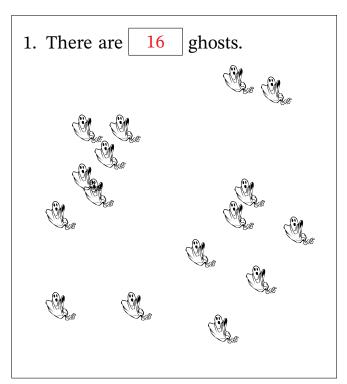


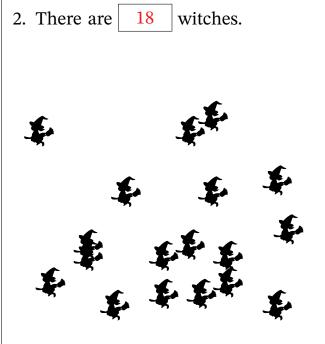


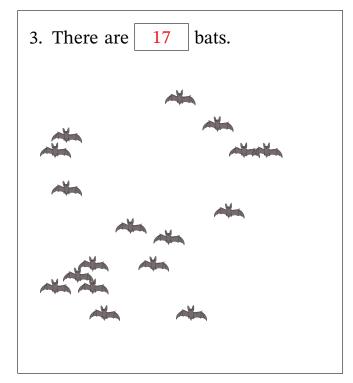


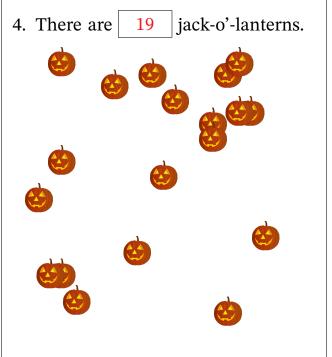
HALLOWEEN COUNTING (1) ANSWERS

Name: Date: Score: /4



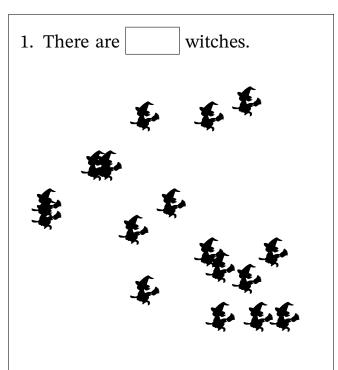


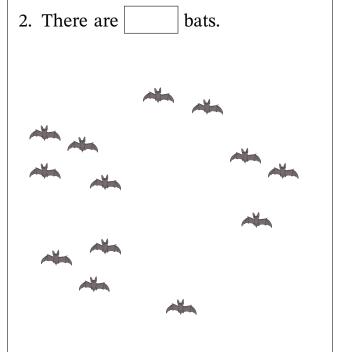


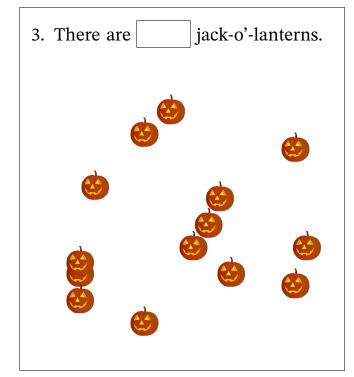


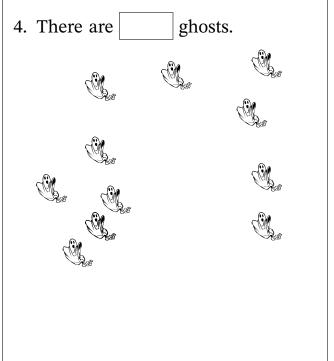
HALLOWEEN COUNTING (J)

Name: Date: Score: /4









HALLOWEEN COUNTING (J) ANSWERS

Name: Date: Score: /4

