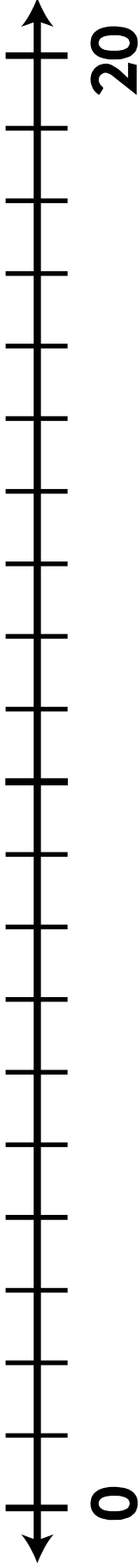


NAME _____ DATE _____

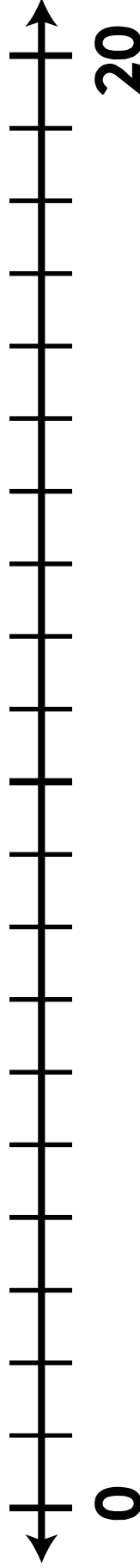
Number Line Showdown Record Sheet

Game 1



Score Card	
<input type="checkbox"/> Teacher	
<input type="checkbox"/> Class	

Game 2



Score Card	
<input type="checkbox"/> Teacher	
<input type="checkbox"/> Class	