

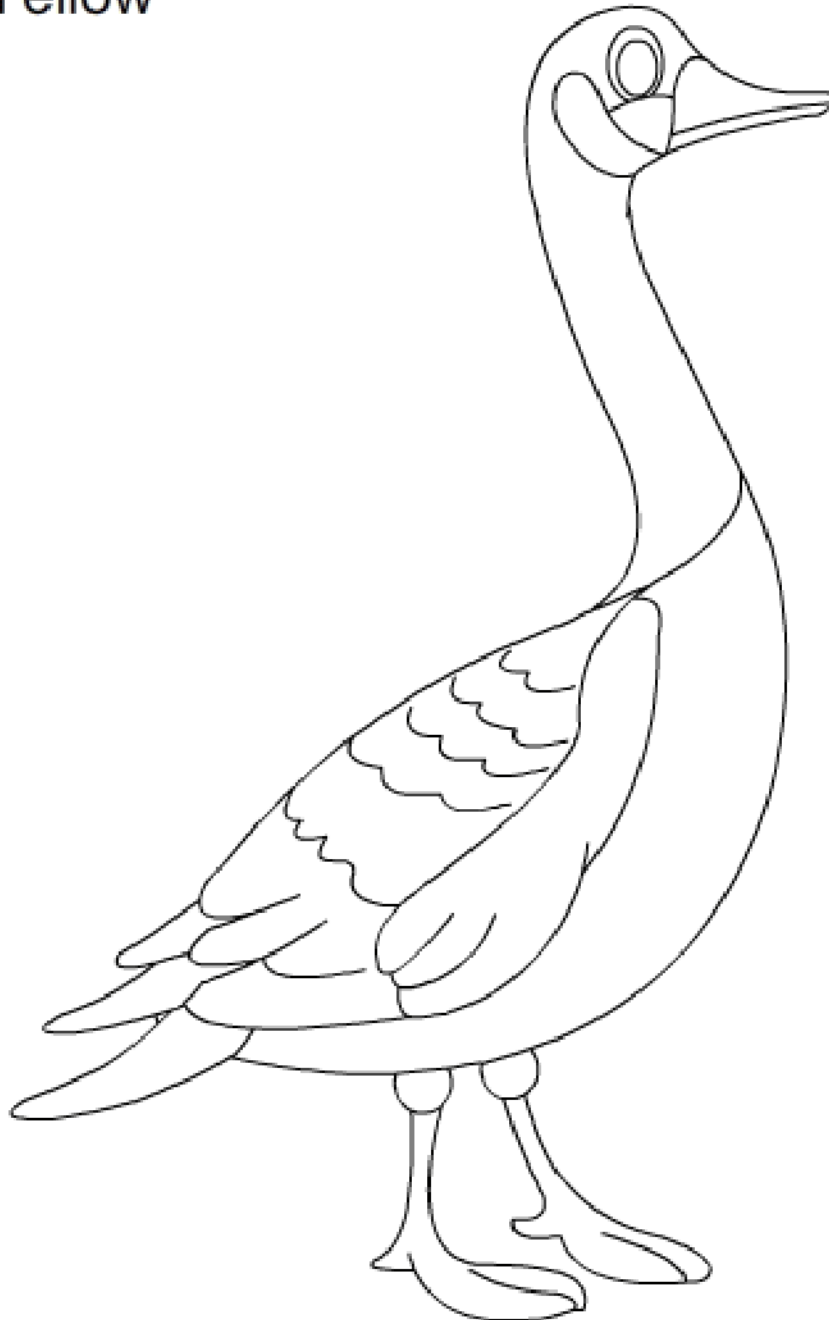
Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Color the picture.

1. Eye - Black
2. Legs - Brown
3. Neck - Pink
4. Beak - Yellow



G O O S E