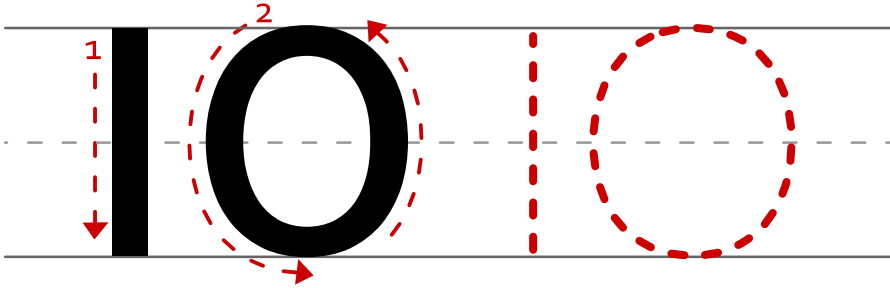


Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

Write the number 10.



Blank handwriting practice lines consisting of four sets of three horizontal lines (top solid, middle dashed, bottom solid).