

Name: _____

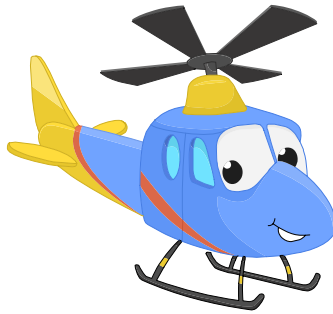
Date: _____

Time: ____ : ____ - ____ : ____

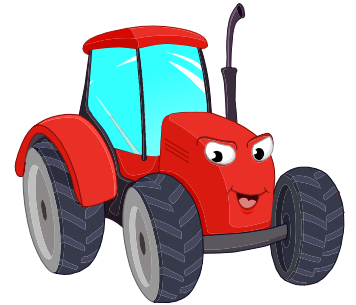
Circle all the land transports.



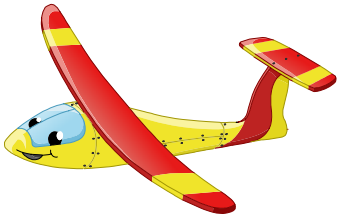
Truck



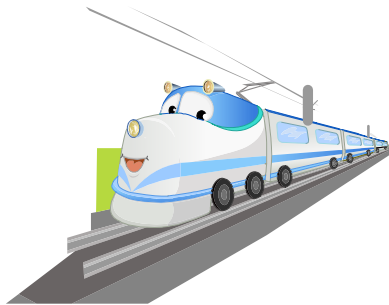
Helicopter



Tractor



Glider



Train



Rowboat



Ship



Crane



Motorbike