

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

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

Fill in the boxes with the suitable numbers.

AFTER	BEFORE	BETWEEN
11 12 <input type="checkbox"/>	<input type="checkbox"/> 19 20	17 <input type="checkbox"/> 19
18 19 <input type="checkbox"/>	<input type="checkbox"/> 16 17	15 <input type="checkbox"/> 17
14 15 <input type="checkbox"/>	<input type="checkbox"/> 14 15	13 <input type="checkbox"/> 15
13 14 <input type="checkbox"/>	<input type="checkbox"/> 18 19	16 <input type="checkbox"/> 18
16 17 <input type="checkbox"/>	<input type="checkbox"/> 17 18	18 <input type="checkbox"/> 20
17 18 <input type="checkbox"/>	<input type="checkbox"/> 15 16	14 <input type="checkbox"/> 16
15 16 <input type="checkbox"/>	<input type="checkbox"/> 11 12	12 <input type="checkbox"/> 14