
















Name: _____

Founding Father

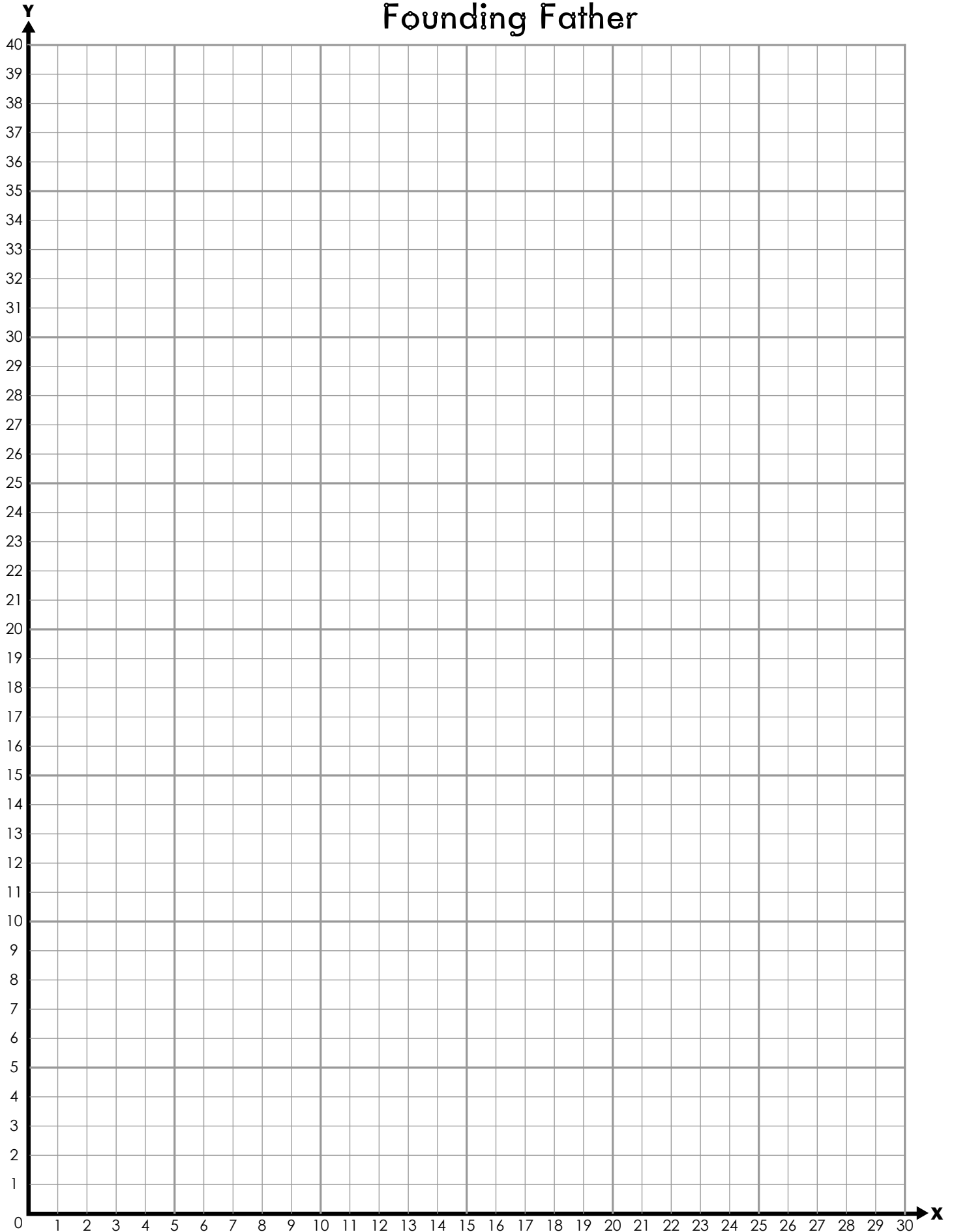
NOTE: In each section, do NOT connect the last point back to first point.

<u>(X, Y)</u>	<u>(X, Y)</u>	<u>(X, Y)</u>	<u>(X, Y)</u>
<input type="checkbox"/> (9, 35)	<input type="checkbox"/> (23, 10)	<input type="checkbox"/> (9, 35)	<input type="checkbox"/> (5, 28)
<input type="checkbox"/> (12, 36)	<input type="checkbox"/> (23, 9)	<input type="checkbox"/> (8, 34)	<input type="checkbox"/> (6, 29)
<input type="checkbox"/> (14, 35)	<input type="checkbox"/> (24, 8)	<input type="checkbox"/> (5, 30)	<input type="checkbox"/> (8, 29)
<input type="checkbox"/> (14, 33)	<input type="checkbox"/> (25, 9)	<input type="checkbox"/> (5, 28)	<input type="checkbox"/> (9, 26)
<input type="checkbox"/> (11, 30)	<input type="checkbox"/> (25, 10)	<input type="checkbox"/> (4, 27)	<input type="checkbox"/> (7, 28)
<input type="checkbox"/> (11, 28)		<input type="checkbox"/> (2, 24)	<input type="checkbox"/> (5, 28)
<input type="checkbox"/> (12, 27)		<input type="checkbox"/> (2, 23)	
<input type="checkbox"/> (11, 24)		<input type="checkbox"/> (3, 22)	
<input type="checkbox"/> (12, 20)	<input type="checkbox"/> (25, 10)	<input type="checkbox"/> (5, 22)	
<input type="checkbox"/> (13, 19)	<input type="checkbox"/> (27, 12)		<input type="checkbox"/> (18, 18)
<input type="checkbox"/> (14, 19)	<input type="checkbox"/> (28, 12)		<input type="checkbox"/> (17, 15)
<input type="checkbox"/> (15, 20)	<input type="checkbox"/> (29, 9)		<input type="checkbox"/> (12, 14)
<input type="checkbox"/> (17, 20)	<input type="checkbox"/> (29, 6)	<input type="checkbox"/> (4, 22)	<input type="checkbox"/> (12, 13)
<input type="checkbox"/> (18, 18)	<input type="checkbox"/> (27, 6)	<input type="checkbox"/> (4, 18)	
<input type="checkbox"/> (20, 17)		<input type="checkbox"/> (3, 17)	
<input type="checkbox"/> (21, 16)		<input type="checkbox"/> (3, 15)	
<input type="checkbox"/> (21, 14)		<input type="checkbox"/> (5, 14)	<input type="checkbox"/> (21, 14)
<input type="checkbox"/> (22, 13)	<input type="checkbox"/> (24, 8)	<input type="checkbox"/> (9, 13)	<input type="checkbox"/> (19, 13)
<input type="checkbox"/> (22, 11)	<input type="checkbox"/> (25, 6)		<input type="checkbox"/> (13, 7)
<input type="checkbox"/> (23, 10)	<input type="checkbox"/> (24, 4)		<input type="checkbox"/> (6, 3)
<input type="checkbox"/> (25, 10)	<input type="checkbox"/> (26, 2)		
	<input type="checkbox"/> (27, 2)	<input type="checkbox"/> (12, 13)	
	<input type="checkbox"/> (28, 3)	<input type="checkbox"/> (9, 13)	
	<input type="checkbox"/> (28, 5)	<input type="checkbox"/> (8, 10)	
<input type="checkbox"/> (9, 35)	<input type="checkbox"/> (27, 6)	<input type="checkbox"/> (9, 7)	<input type="checkbox"/> (9, 7)
<input type="checkbox"/> (10, 37)	<input type="checkbox"/> (26, 8)	<input type="checkbox"/> (12, 10)	<input type="checkbox"/> (6, 3)
<input type="checkbox"/> (14, 39)	<input type="checkbox"/> (25, 9)	<input type="checkbox"/> (12, 13)	<input type="checkbox"/> (12, 1)
<input type="checkbox"/> (16, 39)			<input type="checkbox"/> (16, 1)
<input type="checkbox"/> (22, 36)			<input type="checkbox"/> (18, 2)
<input type="checkbox"/> (25, 33)			<input type="checkbox"/> (24, 4)
<input type="checkbox"/> (27, 28)	<input type="checkbox"/> (6, 28)	<input type="checkbox"/> (16, 19)	
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<input type="checkbox"/> (27, 18)		<input type="checkbox"/> (7, 15)	
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<input type="checkbox"/> (25, 12)			
<input type="checkbox"/> (25, 10)		<input type="checkbox"/> (4, 20)	
		<input type="checkbox"/> (6, 19)	
			

Now color your picture.

Name: _____

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ANSWER KEY

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