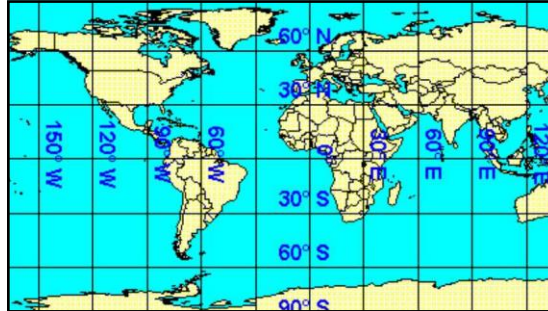
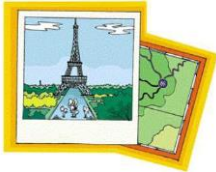


Name \_\_\_\_\_

Date \_\_\_\_\_



## COORDINATES ON THE MAP



**Look at the map. Mark if it is True or False.**

1. In C4 there is a police car.
2. In A1 there is an ambulance.
3. In B2 is the veterinary hospital.
4. In D1 there are some flowers.
5. In E2 is the soccer field.
6. In A4 there is a fire truck.
7. In D4 there is a hotel.
8. In C3 there is a fountain.
9. In B1 there is a police station.
10. In D3 there is a car.

T	F
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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