

Name: _____

New Year 2025








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

(X, Y)	(X, Y)	(X, Y)	(X, Y)	(X, Y)	(X, Y)
<input type="checkbox"/> (1, 21)	<input type="checkbox"/> (15, 25)	<input type="checkbox"/> (8, 26)	<input type="checkbox"/> (22, 22)	<input type="checkbox"/> (3, 39)	<input type="checkbox"/> (13, 10)
<input type="checkbox"/> (1, 24)	<input type="checkbox"/> (15, 28)	<input type="checkbox"/> (8, 30)	<input type="checkbox"/> (29, 22)	<input type="checkbox"/> (5, 37)	<input type="checkbox"/> (15, 7)
<input type="checkbox"/> (2, 26)	<input type="checkbox"/> (16, 30)	<input type="checkbox"/> (9, 32)	<input type="checkbox"/> (29, 19)	<input type="checkbox"/> (8, 39)	<input type="checkbox"/> (18, 8)
<input type="checkbox"/> (4, 27)	<input type="checkbox"/> (18, 31)	<input type="checkbox"/> (11, 33)	<input type="checkbox"/> (24, 19)	<input type="checkbox"/> (6, 36)	<input type="checkbox"/> (16, 6)
<input type="checkbox"/> (6, 27)	<input type="checkbox"/> (20, 31)	<input type="checkbox"/> (13, 33)	<input type="checkbox"/> (24, 14)	<input type="checkbox"/> (8, 34)	<input type="checkbox"/> (17, 3)
<input type="checkbox"/> (8, 26)	<input type="checkbox"/> (22, 30)	<input type="checkbox"/> (15, 32)	<input type="checkbox"/> (25, 15)	<input type="checkbox"/> (5, 35)	<input type="checkbox"/> (14, 4)
<input type="checkbox"/> (9, 23)	<input type="checkbox"/> (23, 27)	<input type="checkbox"/> (16, 30)	<input type="checkbox"/> (27, 15)	<input type="checkbox"/> (4, 32)	<input type="checkbox"/> (12, 1)
<input type="checkbox"/> (9, 20)	<input type="checkbox"/> (23, 24)		<input type="checkbox"/> (29, 13)	<input type="checkbox"/> (4, 35)	<input type="checkbox"/> (12, 5)



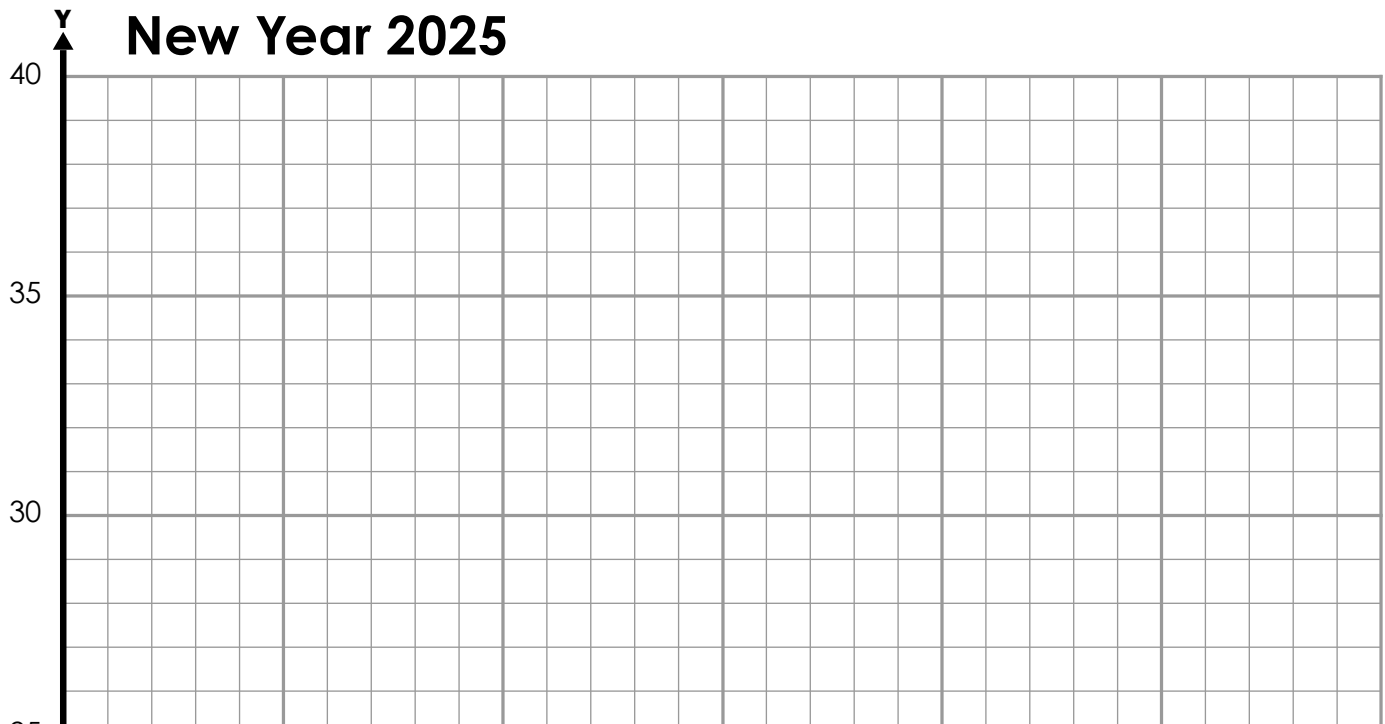
Preview

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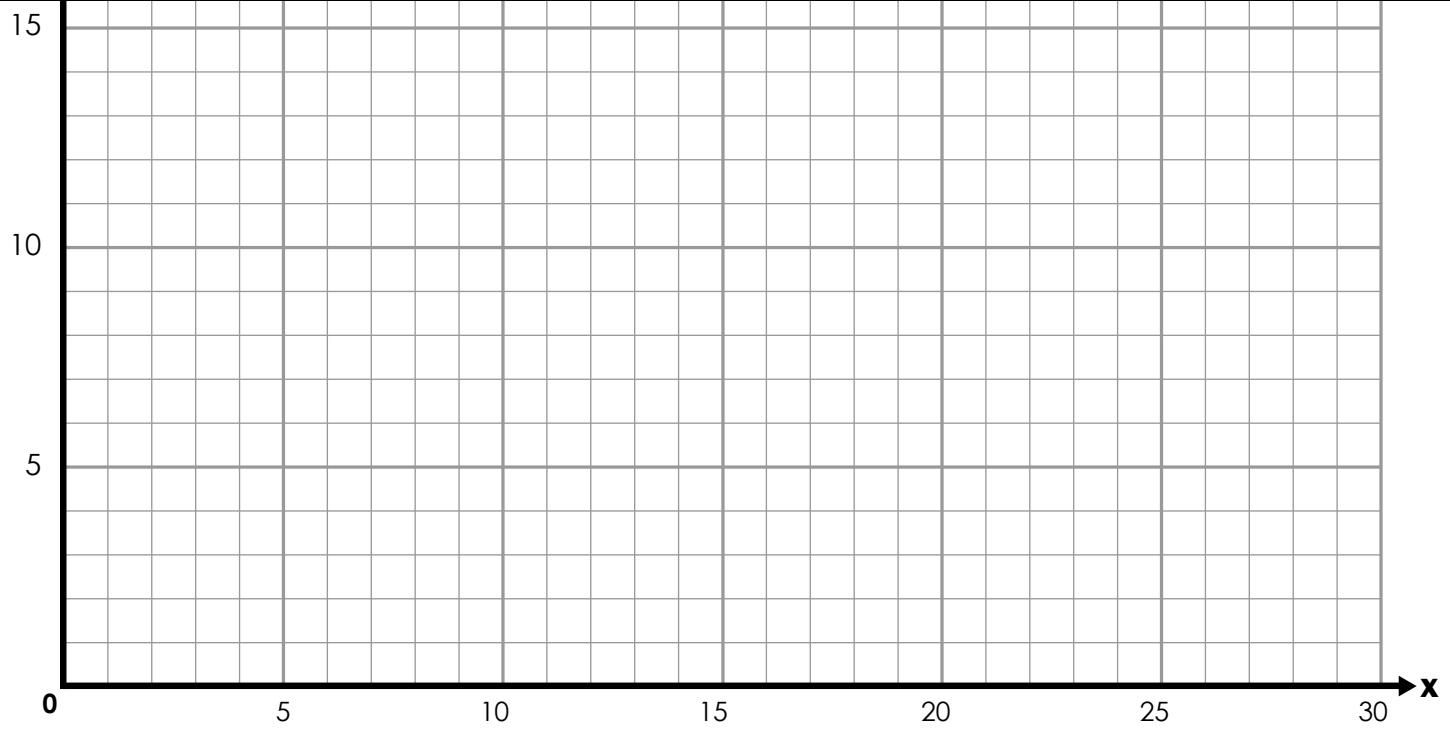
<input type="checkbox"/> (4, 21)	<input type="checkbox"/> (18, 25)	<input type="checkbox"/> (16, 17)	<input type="checkbox"/> (25, 6)	<input type="checkbox"/> (27, 38)
<input type="checkbox"/> (1, 21)	<input type="checkbox"/> (15, 25)	<input type="checkbox"/> (16, 25)	<input type="checkbox"/> (26, 7)	<input type="checkbox"/> (26, 35)
			<input type="checkbox"/> (26, 12)	<input type="checkbox"/> (28, 33)
		(X, Y)	<input type="checkbox"/> (25, 13)	<input type="checkbox"/> (25, 33)
		<input type="checkbox"/> (11, 30)	<input type="checkbox"/> (24, 12)	<input type="checkbox"/> (24, 30)
		<input type="checkbox"/> (13, 30)	<input type="checkbox"/> (22, 12)	<input type="checkbox"/> (23, 33)
		<input type="checkbox"/> (13, 17)		<input type="checkbox"/> (20, 33)
		<input type="checkbox"/> (11, 17)	(X, Y)	<input type="checkbox"/> (22, 35)
		<input type="checkbox"/> (11, 30)	<input type="checkbox"/> (21, 20)	<input type="checkbox"/> (21, 38)
			<input type="checkbox"/> (21, 14)	
				

Now color your picture.

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ANSWER KEY

