




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)	(X, Y)
<input type="checkbox"/> (-8, 9)	<input type="checkbox"/> (-5, 7)	<input type="checkbox"/> (-5, -4)	<input type="checkbox"/> (-4, -12)	<input type="checkbox"/> (-4, 0)	<input type="checkbox"/> (-4, 6)	<input type="checkbox"/> (-3, 16)
<input type="checkbox"/> (-8, 15)	<input type="checkbox"/> (4, 7)	<input type="checkbox"/> (-10, 1)	<input type="checkbox"/> (-7, -14)	<input type="checkbox"/> (4, 0)	<input type="checkbox"/> (-3, 6)	<input type="checkbox"/> (-1, 16)
<input type="checkbox"/> (-7, 17)	<input type="checkbox"/> (7, 6)	<input type="checkbox"/> (-10, 4)	<input type="checkbox"/> (-7, -11)	<input type="checkbox"/> (3, -3)	<input type="checkbox"/> (-2, 5)	<input type="checkbox"/> (-1, 12)
<input type="checkbox"/> (-5, 18)	<input type="checkbox"/> (8, 3)	<input type="checkbox"/> (-11, 4)	<input type="checkbox"/> (-8, -11)	<input type="checkbox"/> (1, -4)	<input type="checkbox"/> (-2, 3)	<input type="checkbox"/> (-3, 12)
<input type="checkbox"/> (-2, 19)	<input type="checkbox"/> (9, 3)	<input type="checkbox"/> (-11, 3)	<input type="checkbox"/> (-10, -12)	<input type="checkbox"/> (-1, 4)	<input type="checkbox"/> (-5, 3)	<input type="checkbox"/> (-3, 16)
<input type="checkbox"/> (2, 19)	<input type="checkbox"/> (9, 1)	<input type="checkbox"/> (-13, 4)	<input type="checkbox"/> (-11, -14)	<input type="checkbox"/> (-3, -3)	<input type="checkbox"/> (-5, 5)	
<input type="checkbox"/> (5, 18)	<input type="checkbox"/> (8, 0)	<input type="checkbox"/> (-14, 3)	<input type="checkbox"/> (-10, -16)	<input type="checkbox"/> (-4, 0)	<input type="checkbox"/> (-4, 6)	
<input type="checkbox"/> (7, 17)	<input type="checkbox"/> (5, -4)	<input type="checkbox"/> (-14, 1)	<input type="checkbox"/> (-10, -18)			(X, Y)
<input type="checkbox"/> (8, 15)	<input type="checkbox"/> (3, -5)	<input type="checkbox"/> (-11, 0)	<input type="checkbox"/> (-9, -19)			



Preview

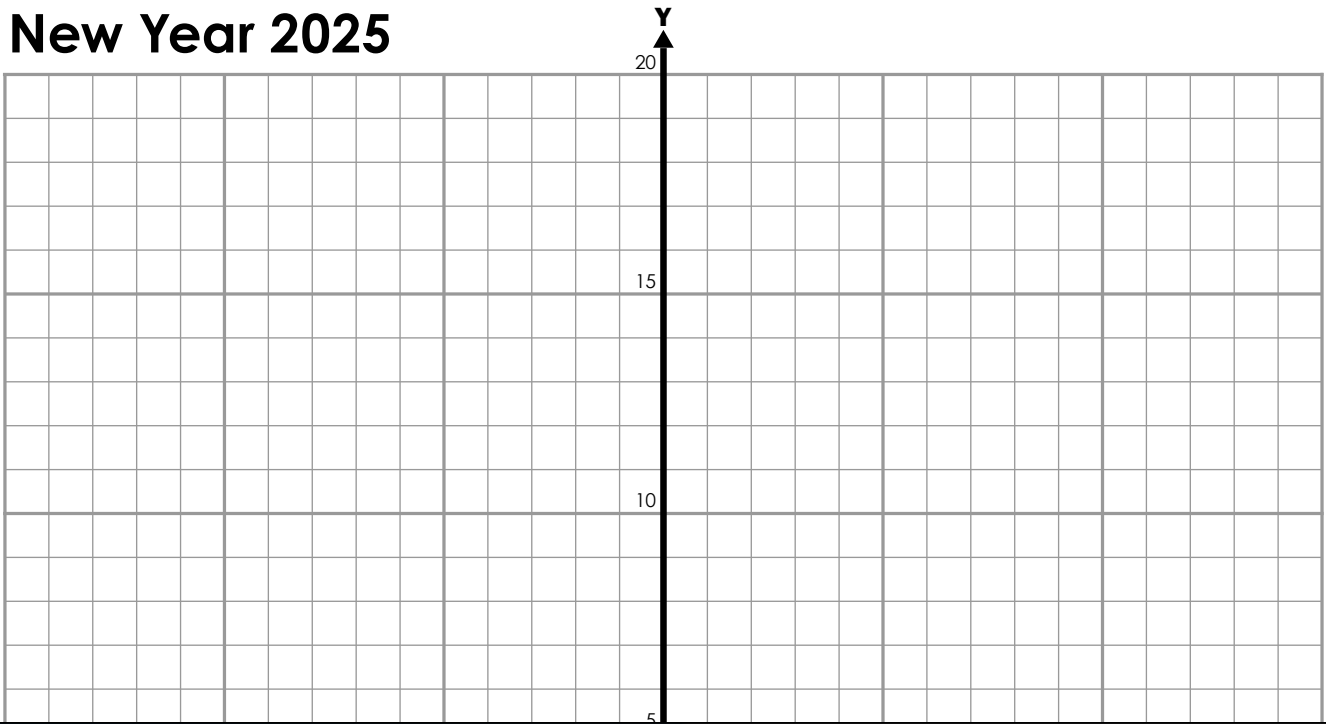
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<input type="checkbox"/> (-8, 9)	<input type="checkbox"/> (-7, 5)	(X, Y)	<input type="checkbox"/> (11, -11)	(X, Y)		(X, Y)
<input type="checkbox"/> (-3, 10)	<input type="checkbox"/> (-5, 7)	<input type="checkbox"/> (3, -5)	<input type="checkbox"/> (12, -11)	<input type="checkbox"/> (-1, 2)		<input type="checkbox"/> (6, 16)
<input type="checkbox"/> (3, 10)		<input type="checkbox"/> (5, -6)	<input type="checkbox"/> (14, -14)	<input type="checkbox"/> (1, 2)	(X, Y)	<input type="checkbox"/> (4, 16)
<input type="checkbox"/> (8, 9)		<input type="checkbox"/> (6, -8)	<input type="checkbox"/> (13, -16)	<input type="checkbox"/> (1, 1)	<input type="checkbox"/> (-6, 16)	<input type="checkbox"/> (4, 14)
<input type="checkbox"/> (11, 7)		<input type="checkbox"/> (6, -15)	<input type="checkbox"/> (12, -19)	<input type="checkbox"/> (-1, 1)	<input type="checkbox"/> (-4, 16)	<input type="checkbox"/> (6, 14)
<input type="checkbox"/> (12, 5)		<input type="checkbox"/> (8, -16)	<input type="checkbox"/> (11, -19)	<input type="checkbox"/> (-1, 2)	<input type="checkbox"/> (-4, 14)	<input type="checkbox"/> (6, 12)
<input type="checkbox"/> (12, 4)		<input type="checkbox"/> (7, -18)	<input type="checkbox"/> (10, -18)		<input type="checkbox"/> (-6, 14)	<input type="checkbox"/> (4, 12)
<input type="checkbox"/> (11, 2)		<input type="checkbox"/> (5, -18)	<input type="checkbox"/> (8, -16)		<input type="checkbox"/> (-6, 12)	
<input type="checkbox"/> (9, -1)		<input type="checkbox"/> (4, -16)			<input type="checkbox"/> (-4, 12)	
<input type="checkbox"/> (6, -3)		<input type="checkbox"/> (3, -17)	(X, Y)			
		<input type="checkbox"/> (2, -16)	<input type="checkbox"/> (-4, -11)			
		<input type="checkbox"/> (4, -15)	<input type="checkbox"/> (4, -11)			
		<input type="checkbox"/> (4, -8)				

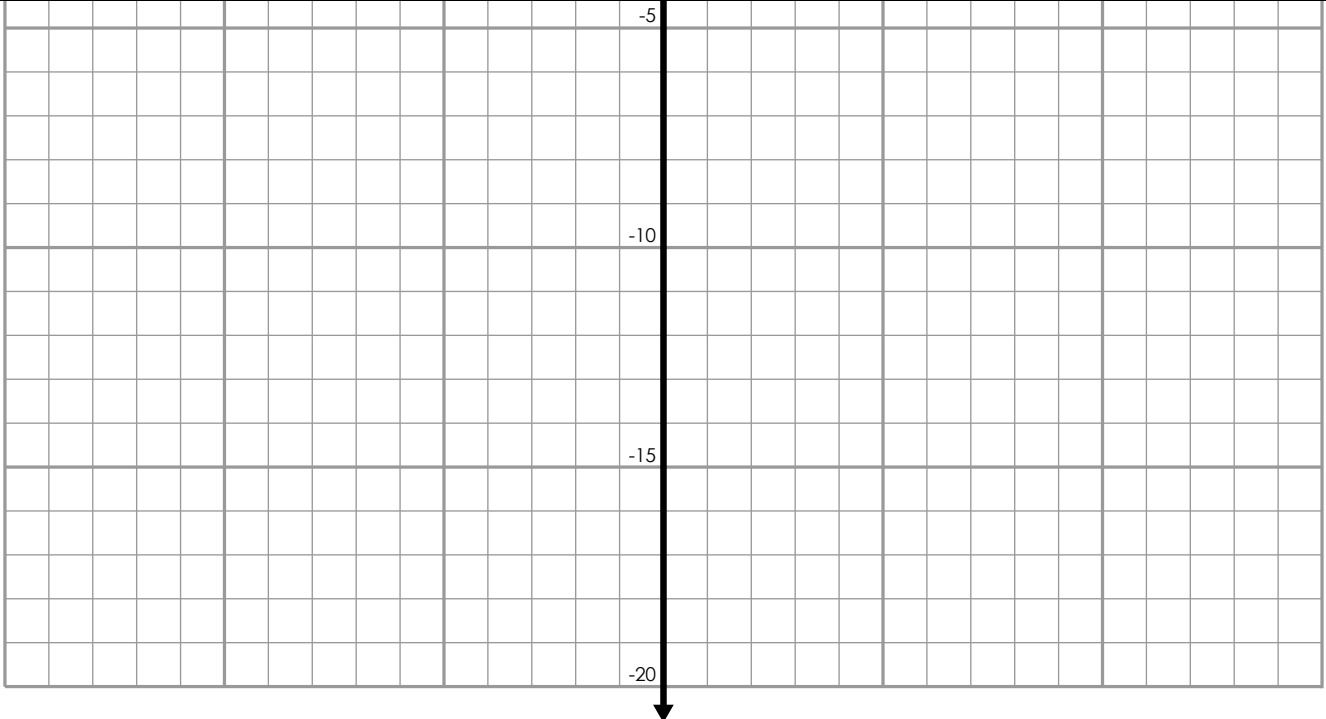
Now color your picture.

Name: _____

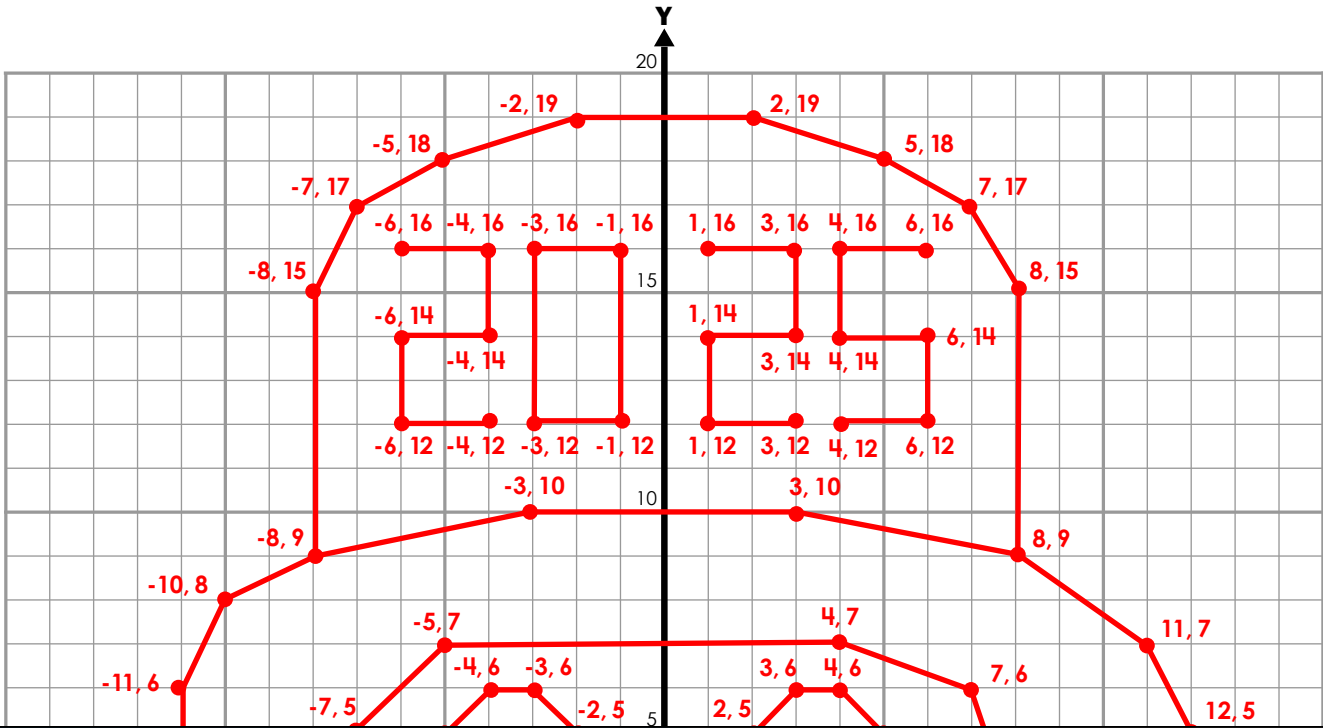
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ANSWER KEY



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