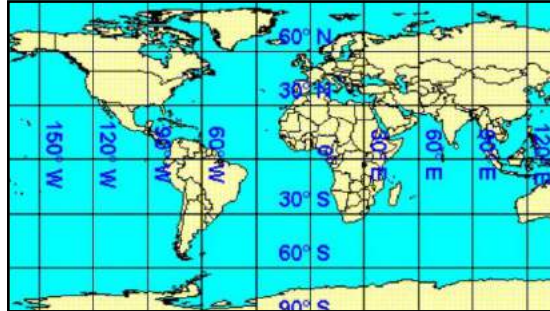
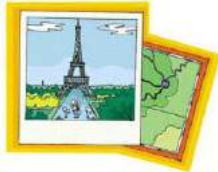


Name \_\_\_\_\_

Date \_\_\_\_\_



# COORDINATES ON THE MAP



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

1. In C4 there is a police car.

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

2. In A1 there is an ambulance.

<input type="checkbox"/>	<input type="checkbox"/>
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3. In B2 is the veterinary hospital.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

4. In D1 there are some flowers.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

5. In E2 is the soccer field.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

6. In A4 there is a fire truck.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

7. In D4 there is a hotel.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

8. In C3 there is a fountain.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

9. In B1 there is a police station.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

10. In D3 there is a car.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------