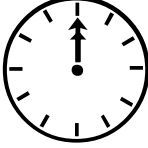
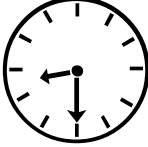
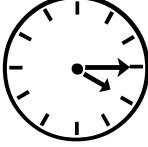
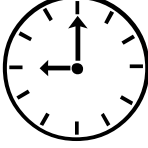
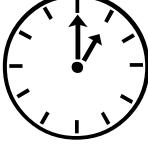
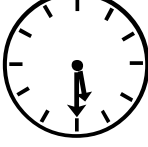
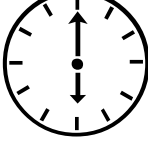


Name:

Datum: _____

Heute ist _____

Kontrolliere! Verbessere die Fehler.

	$\begin{array}{r} 1:15 \\ \hline 14:15 \end{array}$	<input checked="" type="checkbox"/>	$\begin{array}{r} 12:00 \\ \hline 00:00 \end{array}$
	$\begin{array}{r} 8:15 \\ \hline 20:30 \end{array}$	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$
	$\begin{array}{r} 3:15 \\ \hline 16:15 \end{array}$	<input type="checkbox"/> <input type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$
	$\begin{array}{r} 9:00 \\ \hline 22:00 \end{array}$	<input type="checkbox"/> <input type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$
	$\begin{array}{r} 1:15 \\ \hline 13:00 \end{array}$	<input type="checkbox"/> <input type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$
	$\begin{array}{r} 5:30 \\ \hline 18:15 \end{array}$	<input type="checkbox"/> <input type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$
	$\begin{array}{r} 6:00 \\ \hline 18:00 \end{array}$	<input type="checkbox"/> <input type="checkbox"/>	$\begin{array}{r} \\ \hline \end{array}$