

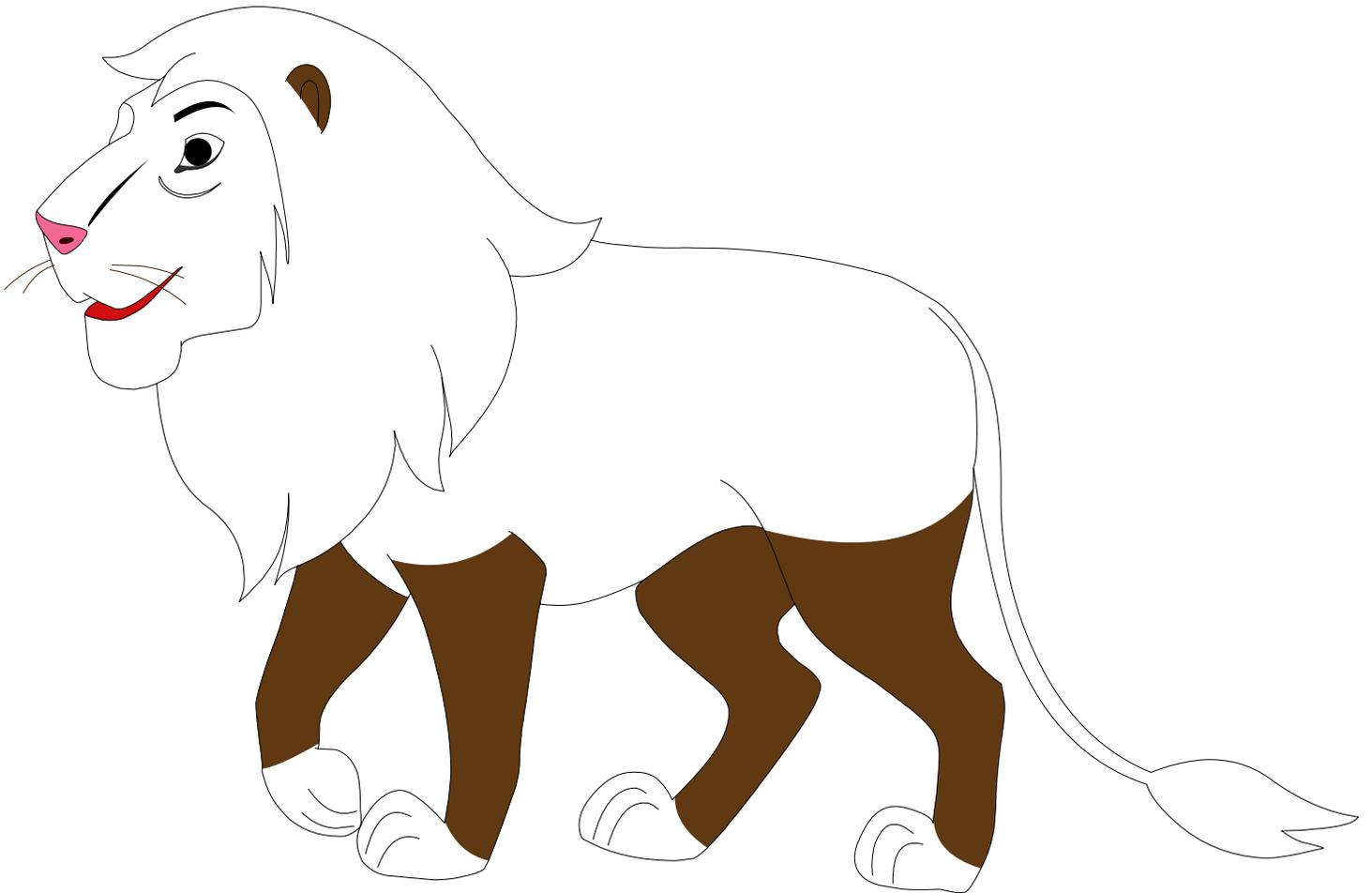
Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Color the picture.

1. Mouth - Red
2. Eye - Black
3. Nose - Pink
4. Legs - Brown
5. Ear - Brown



L I O N