



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Topic: \_\_\_\_\_ Subject: \_\_\_\_\_

Handwriting practice area (yellow background) with 15 horizontal lines.

Handwriting practice area (blue background) with 15 horizontal lines.

Handwriting practice area (green background) with 15 horizontal lines.

Handwriting practice area (pink background) with 15 horizontal lines.