

Name : _____ Score : _____

Teacher : _____ Date : _____

Complete the Number Series

5 , 6 , _____ , _____ , 9 , _____ , _____ , _____
_____, 11 , _____ , _____ , _____ , 15 , _____ , 17
7 , _____ , _____ , _____ , 11 , _____ , 13 , _____
_____, 5 , _____ , _____ , _____ , 9 , _____ , 11
_____, _____ , 3 , _____ , 5 , 6 , _____ , _____
13 , _____ , _____ , _____ , 17 , 18 , _____ , _____
_____, 12 , 13 , _____ , 15 , _____ , _____ , _____
_____, 1 , _____ , _____ , _____ , _____ , 6 , 7
9 , _____ , _____ , _____ , 13 , _____ , _____ , 16
12 , 13 , _____ , _____ , _____ , 17 , _____ , _____

