

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

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

Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

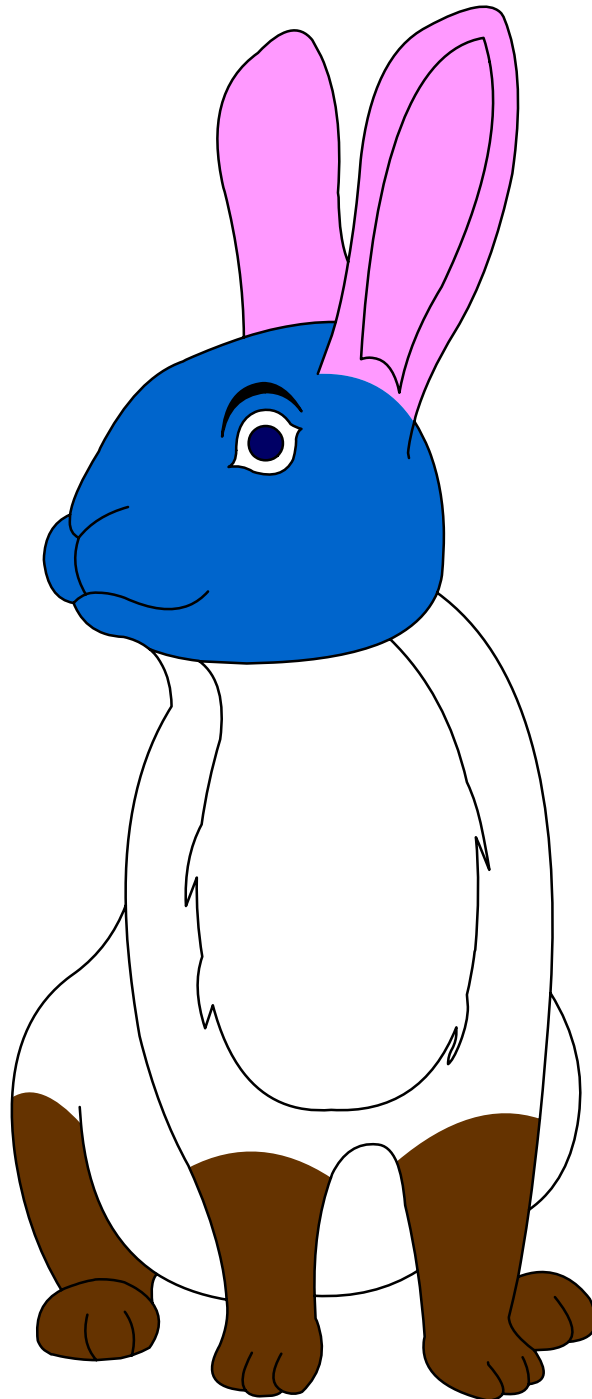
**Color the picture.**

1. Eye - Blue

2. Ear - Pink

3. Legs - Brown

4. Face - Blue



**R A B B I T**