

Name _____ Date _____

Factor 20

Game Board

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

Score Box

Running Total		×	○	Running Total	
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	TOTAL			TOTAL	_____

