

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**

<b>Running Total</b>		<b>×</b>	<b>○</b>	<b>Running Total</b>	
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	Number			Factors	_____
_____	Factors			Number	_____
_____	TOTAL			TOTAL	_____