

NOTE: In each section, do NOT connect the last point back to first point.

- | <u>(X, Y)</u> | <u>(X, Y)</u> | <u>(X, Y)</u> | <u>(X, Y)</u> |
|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> (0, 1) | <input type="checkbox"/> (4, 17) | <input type="checkbox"/> (3, 18) | <input type="checkbox"/> (9, 5) |
| <input type="checkbox"/> (2, 3) | <input type="checkbox"/> (5, 16) | <input type="checkbox"/> (2, 17) | <input type="checkbox"/> (9, 19) |
| <input type="checkbox"/> (4, 3) | <input type="checkbox"/> (6, 17) | <input type="checkbox"/> (1, 18) | <input type="checkbox"/> (17, 6) |
| <input type="checkbox"/> (3, 2) | <input type="checkbox"/> STOP | <input type="checkbox"/> STOP | <input type="checkbox"/> (9, 6) |
| <input type="checkbox"/> (4, 1) | | | <input type="checkbox"/> STOP |
| <input type="checkbox"/> STOP | <input type="checkbox"/> (8, 5) | <input type="checkbox"/> (14, 5) | <input type="checkbox"/> (2, 16) |
| | <input type="checkbox"/> (9, 19) | <input type="checkbox"/> (14, 6) | <input type="checkbox"/> (3, 15) |
| <input type="checkbox"/> (24, 17) | <input type="checkbox"/> STOP | <input type="checkbox"/> STOP | <input type="checkbox"/> (4, 16) |
| <input type="checkbox"/> (24, 18) | | | <input type="checkbox"/> STOP |
| <input type="checkbox"/> (23, 19) | <input type="checkbox"/> (20, 1) | <input type="checkbox"/> (12, 1) | |
| <input type="checkbox"/> (22, 19) | <input type="checkbox"/> (22, 3) | <input type="checkbox"/> (11, 2) | <input type="checkbox"/> (20, 1) |
| <input type="checkbox"/> (21, 18) | <input type="checkbox"/> (24, 3) | <input type="checkbox"/> (12, 3) | <input type="checkbox"/> (19, 2) |
| <input type="checkbox"/> (21, 17) | <input type="checkbox"/> (23, 2) | <input type="checkbox"/> (10, 3) | <input type="checkbox"/> (20, 3) |
| <input type="checkbox"/> (22, 16) | <input type="checkbox"/> (24, 1) | <input type="checkbox"/> (8, 1) | <input type="checkbox"/> (18, 3) |
| <input type="checkbox"/> (23, 16) | <input type="checkbox"/> (25, 2) | <input type="checkbox"/> (7, 2) | <input type="checkbox"/> (16, 1) |
| <input type="checkbox"/> (24, 17) | <input type="checkbox"/> STOP | <input type="checkbox"/> (8, 3) | <input type="checkbox"/> STOP |
| <input type="checkbox"/> STOP | | <input type="checkbox"/> (6, 3) | |
| <input type="checkbox"/> (14, 11) | <input type="checkbox"/> (7, 3) | <input type="checkbox"/> (4, 1) | |
| <input type="checkbox"/> (14, 18) | <input type="checkbox"/> (3, 5) | <input type="checkbox"/> STOP | |
| <input type="checkbox"/> (21, 6) | <input type="checkbox"/> (23, 5) | | |
| <input type="checkbox"/> (17, 6) | <input type="checkbox"/> (22, 3) | | |
| <input type="checkbox"/> STOP | <input type="checkbox"/> STOP | | |
| <input type="checkbox"/> (12, 1) | | | |
| <input type="checkbox"/> (14, 3) | | | |
| <input type="checkbox"/> (16, 3) | | | |
| <input type="checkbox"/> (15, 2) | | | |
| <input type="checkbox"/> (16, 1) | | | |
| <input type="checkbox"/> STOP | | | |

Name: _____

