

Name: _____

Date: _____

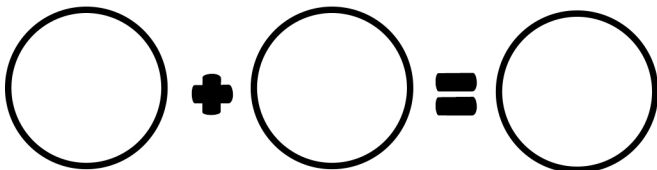
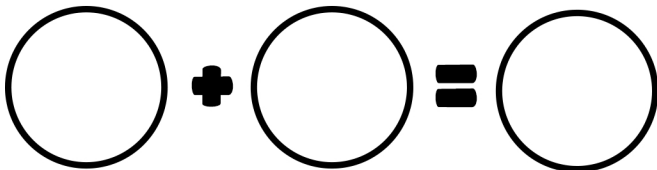
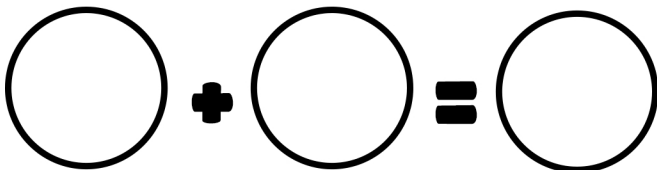
Primary



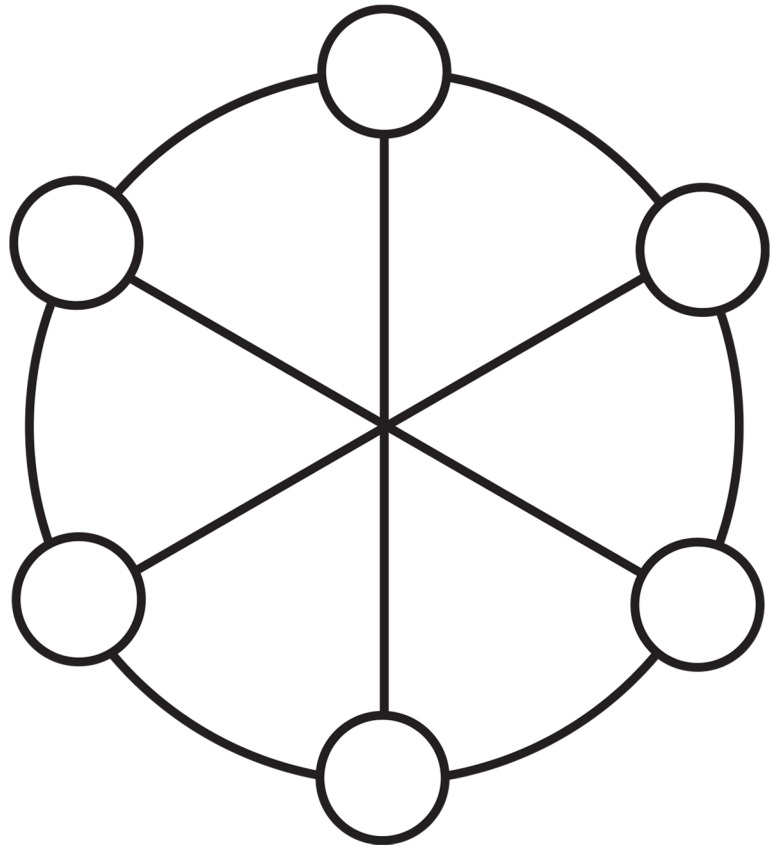
Secondary



Color Mixing



Color Wheel



Warm



Cool



Tertiary

