

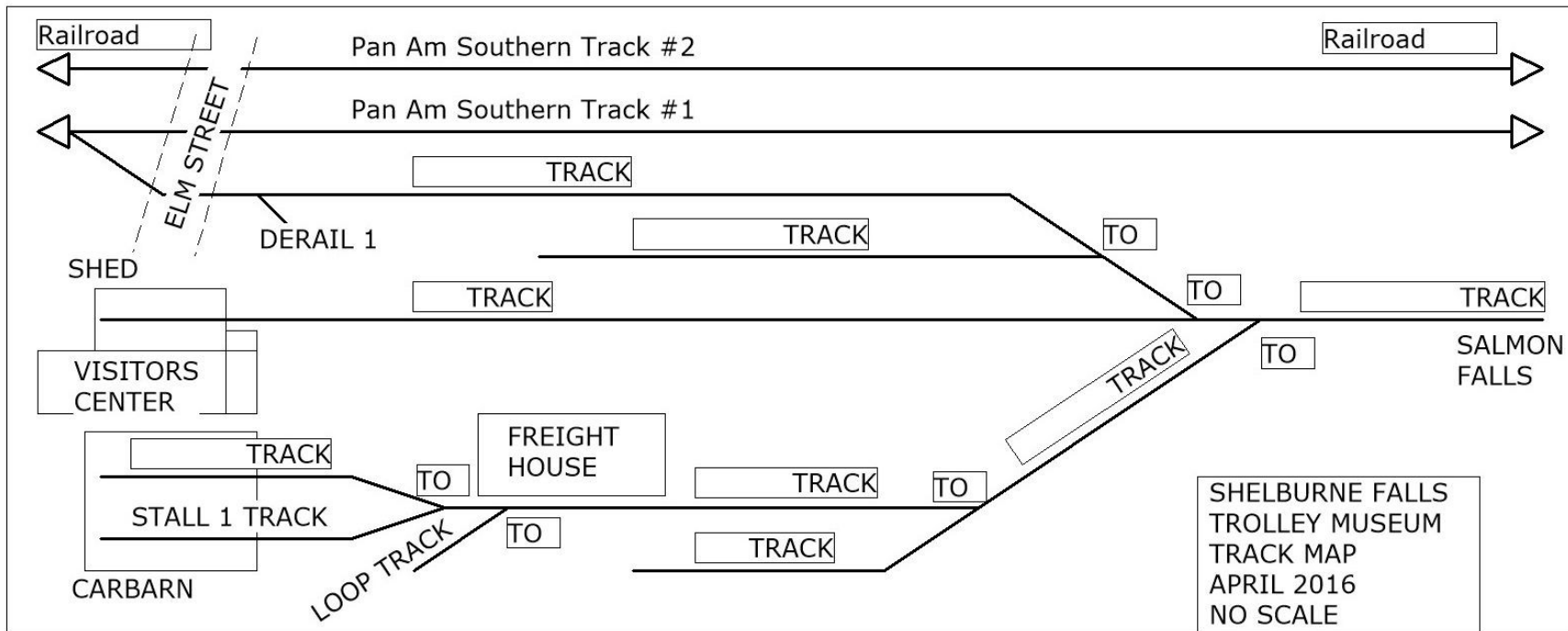
SHELBURNE FALLS TROLLEY MUSEUM

14 Depot Street
P.O. Box 272
Shelburne Falls, MA 01370

NAME: _____ DATE: _____

TRACK MAP EXAM

Open Rulebook (April 20, 2017) fill in blanks exactly as in the Rulebook, including any SPECIAL ORDERS that are in effect at the time of your test.



Be sure you have labeled ALL six Turnouts (TO_) (there is no TO6) and ALL eight blanks for Track names and the Railroad EAST and WEST boxes.

TEST SCORE: ____/16 CHECKED BY: _____ DATE: _____

Rev. April 19, 2017