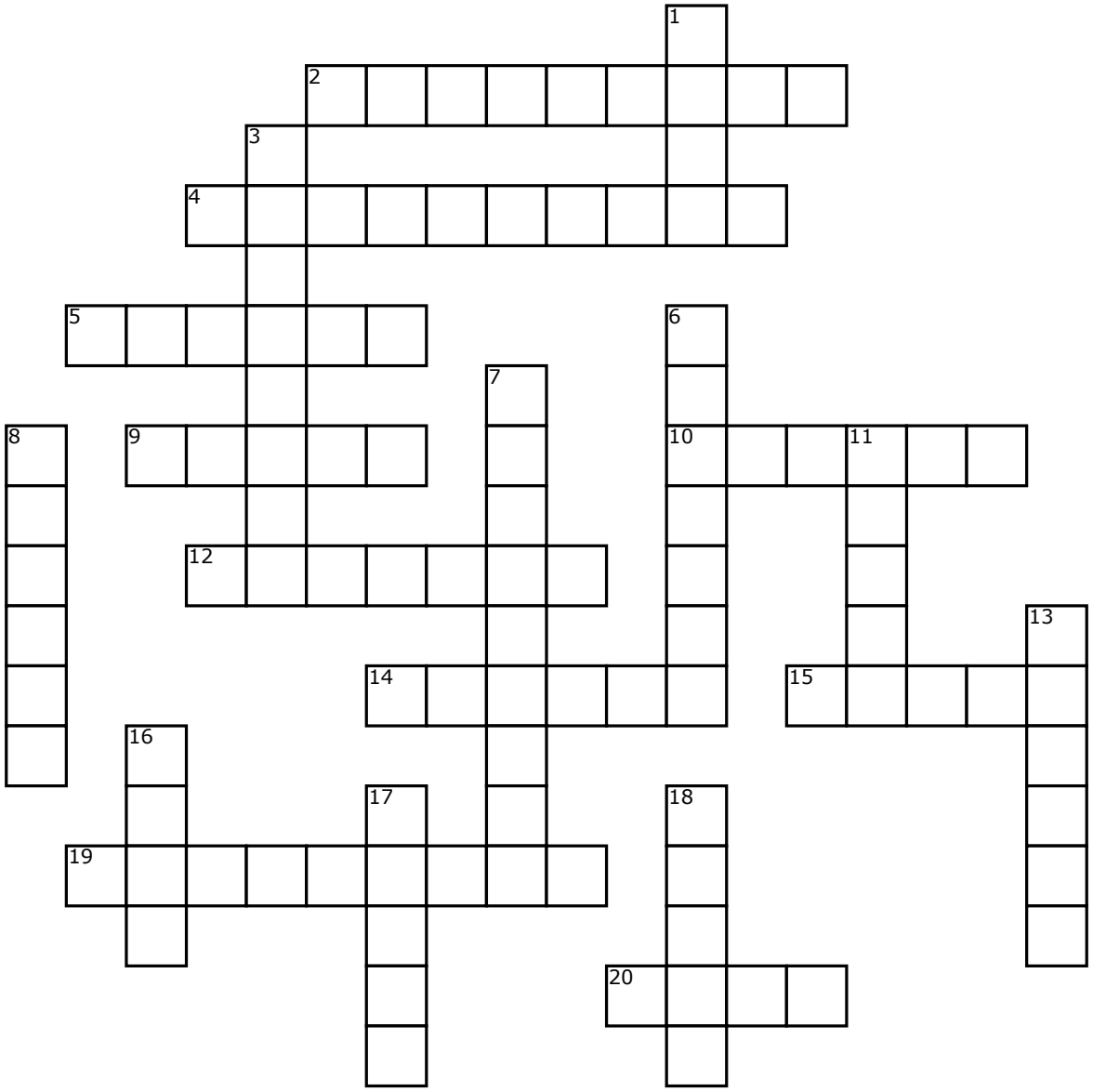
Name: _____ Date: _____ Period: _____

ASL 1 FOOD



Across

2. BREAKFAST
4. WW. WATERMELON
5. HOTDOG
9. ONION
10. TOMATO
12. CHICKEN
14. ORANGE
15. PEACH
19. HAMBURGER
20. SALT

Down

1. TACO
3. SANDWICH
6. LETTUCE
7. VEGETABLE
8. PEPPER
11. APPLE
13. CHEESE
16. MEAT
17. FRUIT
18. SALAD