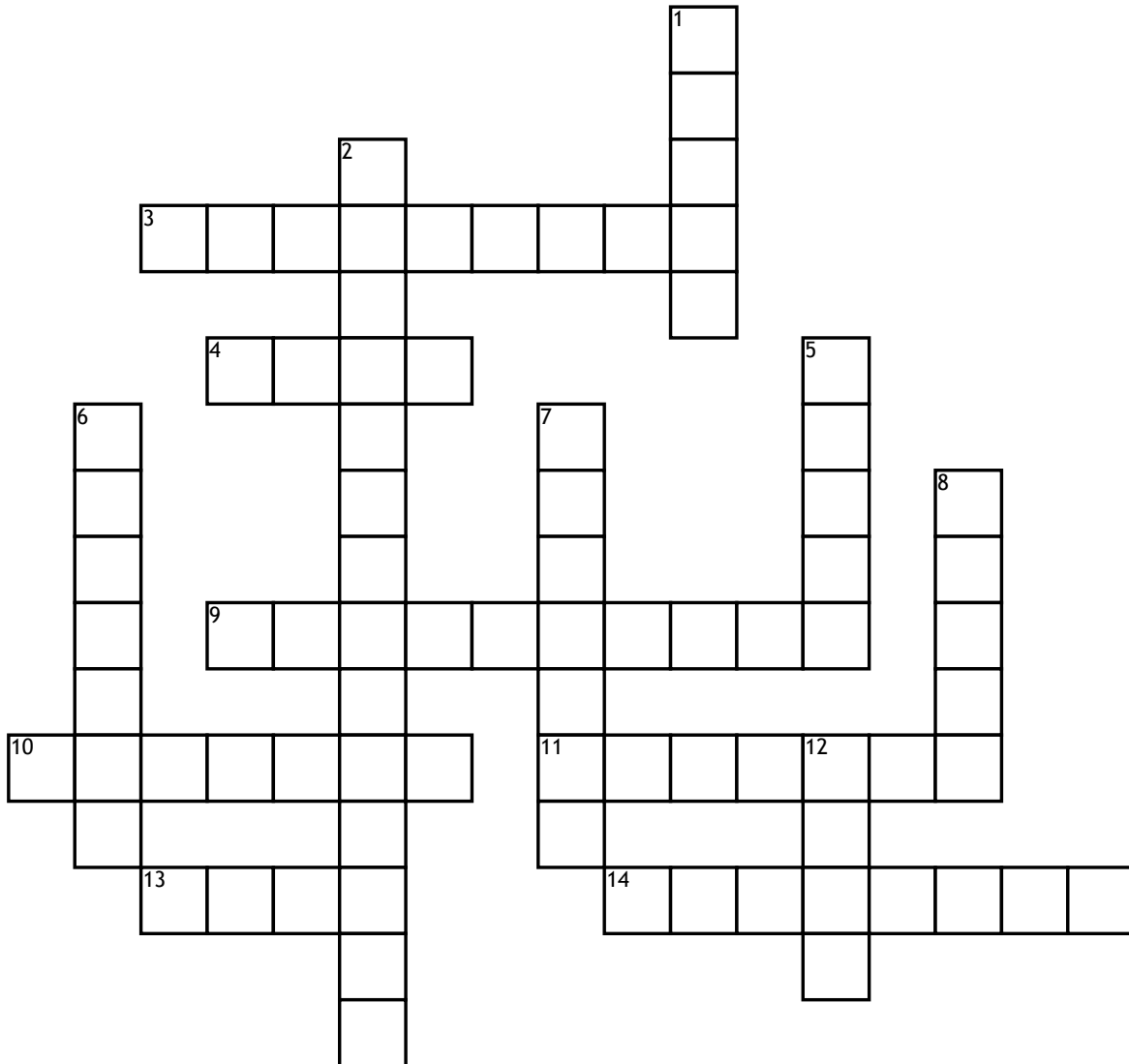


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# A love story



## Across

- 3. What food can you not stand?
- 4. What color are your eyes?
- 9. Where were you born?
- 10. What are we both allergic too?
- 11. Where is the place where we fell in love?

13. Favorite color?

14. Favorite white wine?

## Down

- 1. What is your favorite flower?
- 2. What is your favorite animal?
- 5. What is your sons name?

6. What month is both of our birthdays and the day we started dating in?

7. Favorite red wine?

8. What is Stevens middle name?

12. What is your middle name?