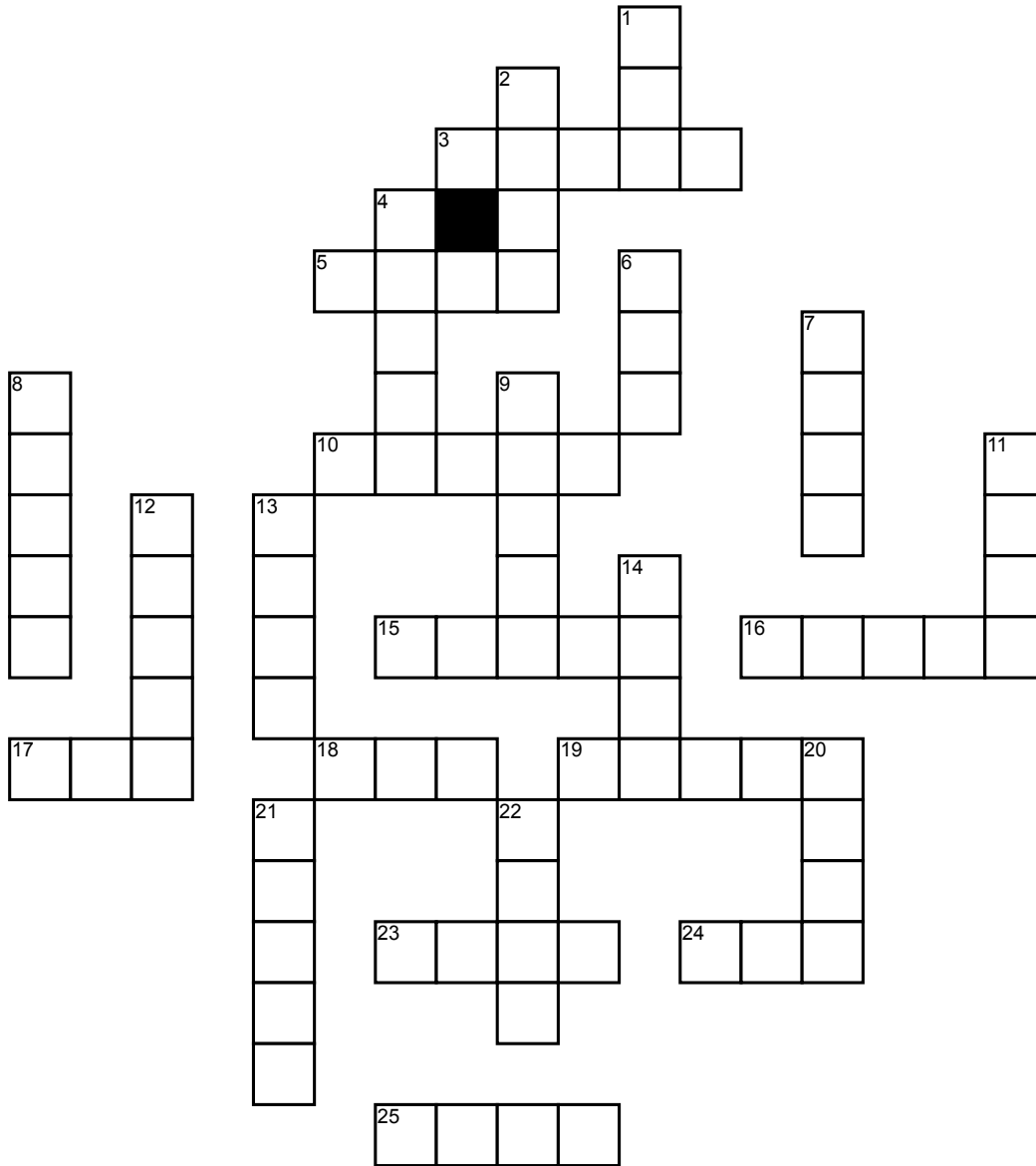


Name: _____

Date: _____

Period: _____

Devin



Across

- 3.
- 5.
- 10.
- 15.
- 16.
- 17.
- 18.
- 19.
- 23.

Down

- 1.
- 2.
- 4.
- 6.
- 7.
- 8.
- 9.

- 11.
- 12.
- 13.
- 14.
- 20.
- 21.
- 22.