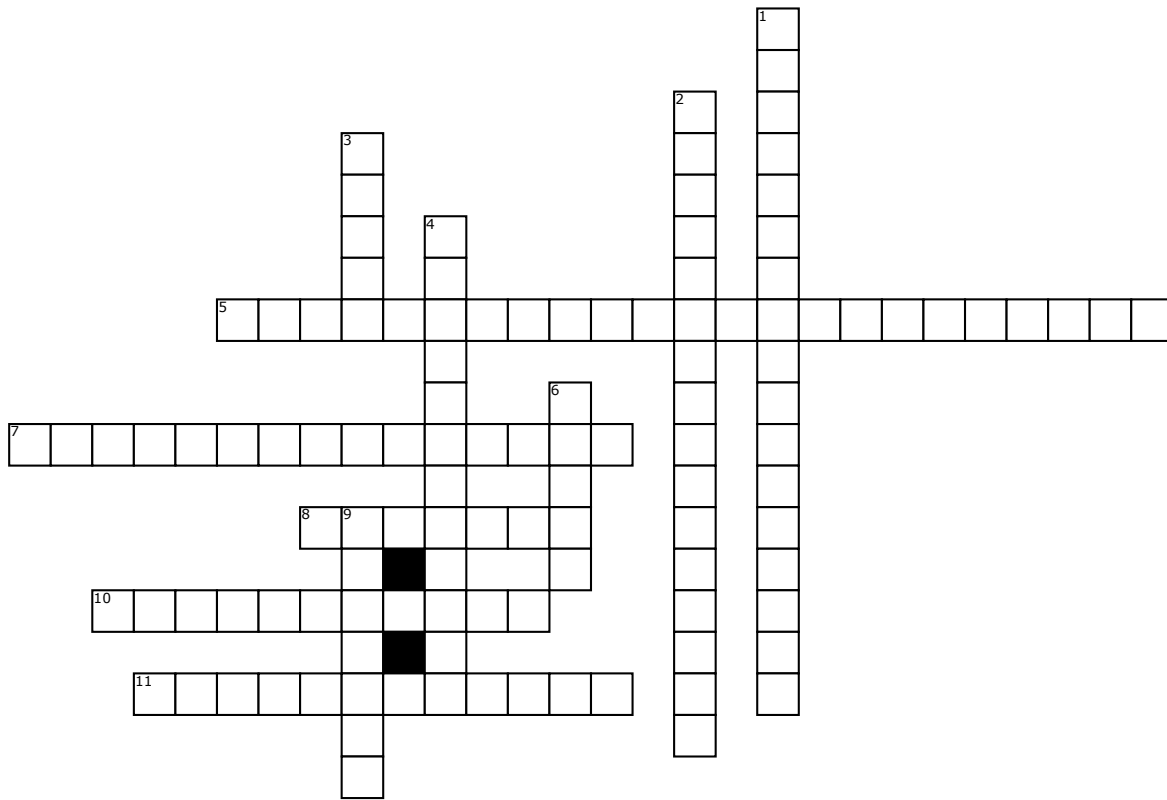


Name: _____ Date: _____ Period: _____

Fitness Components



Across

- 5.
- 7.
- 8.
- 10.
- 11.

Down

- 1.
- 2.
- 3.
- 4.
- 6.
- 9.