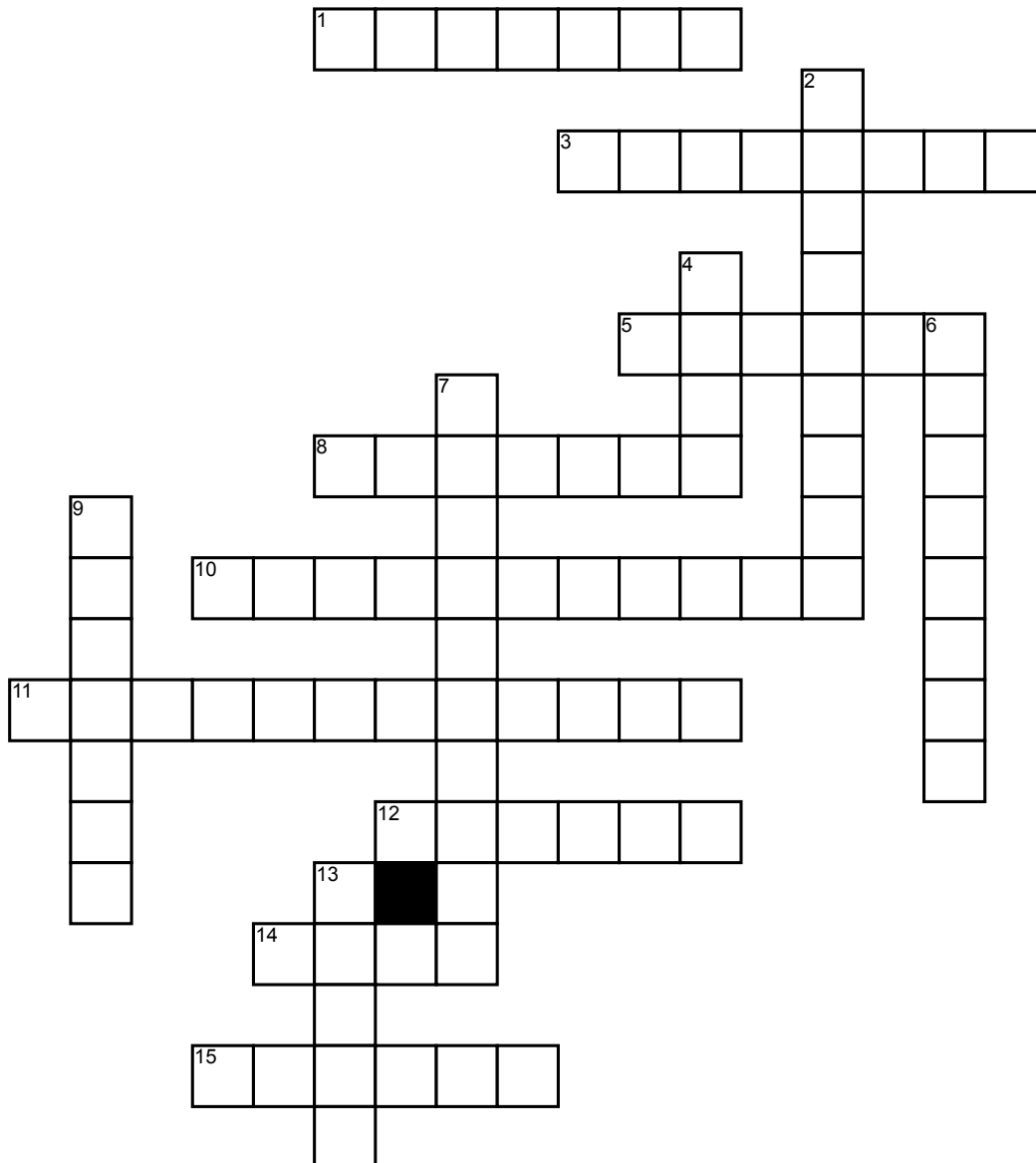


Name: _____

Date: _____

La nourriture (1)



Across

- 1. cheese
- 3. toast
- 5. ham
- 8. fish
- 10. ice cream
- 11. potato

12. cherry

14. milk

15. cake

Down

- 2. raspberry
- 4. bread
- 6. noodles

7. green
pepper

9. carrot

13. pie