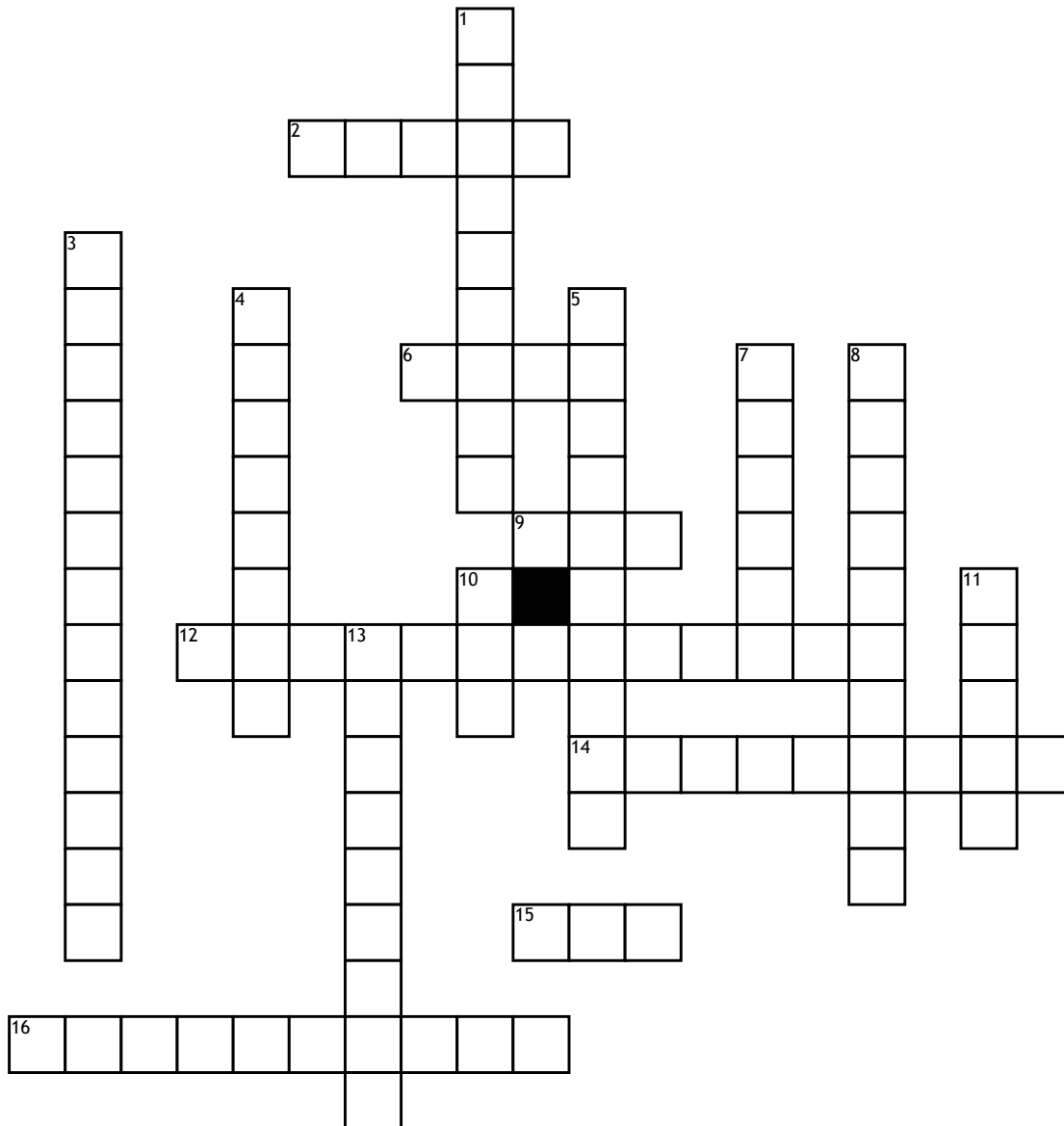


Name: \_\_\_\_\_

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

# PCSN 1



**Across**

2. NILS Worker

6. Bookkeeper

9. Manager

12. Center Location

14. .... Relief

16. ....

15. Community Worker

16. .... Group

**Down**

1. Children's Play

3. Very Artistic

4. Community

.....

5. Pre Loved Treasures

7. CAPS Worker

8. Association Lifeblood

10. President

11. Community Worker

13. Mens .....