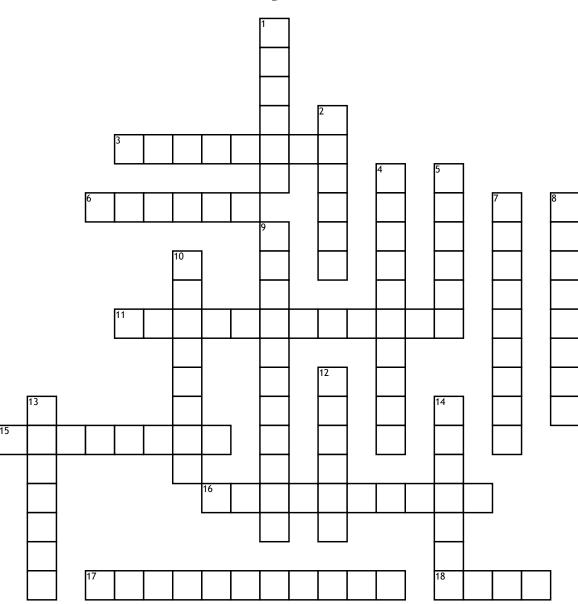
Name: Date: _____

Sjci



Across

- 3. Lacrosse
- **6.** Rowing
- 11. Crosscountry
- 15. Baseball
- 16. Volleyball5. Hockey
- 17. Indoortrack7. Wrestling

18. Golf

Down

- 1. Squash
- 2. Tennis
- 4. Basketball

- 8. Swimmers
- 9. Track&field
- 10. Football
- 12. Soccer
- 13. Sailing
- 14. Bowling