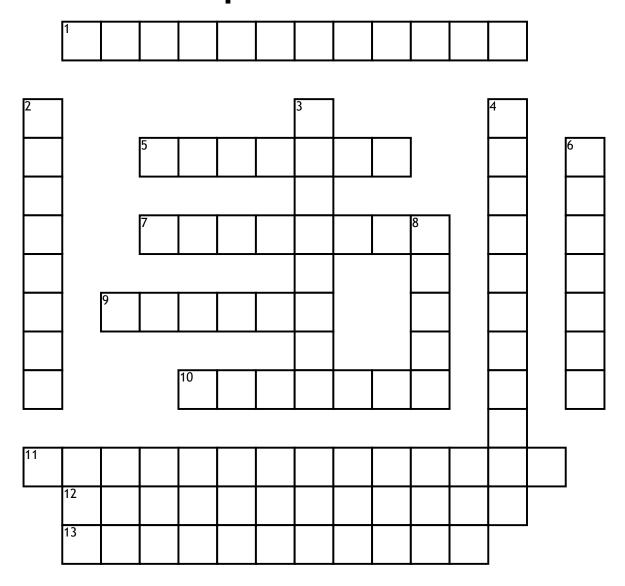
Name: \_\_ Date: \_\_\_\_\_

## Spanish Ill



## **Across**

1. Microwave

5. Broth

**7.** Oil

9. Pot

**10.** Oven

**11.** Refrigerator **6.** Fire

## **12.** Shrimp

13. Freezer

## **Down**

2. Stove

3. Piece

4. Sea food