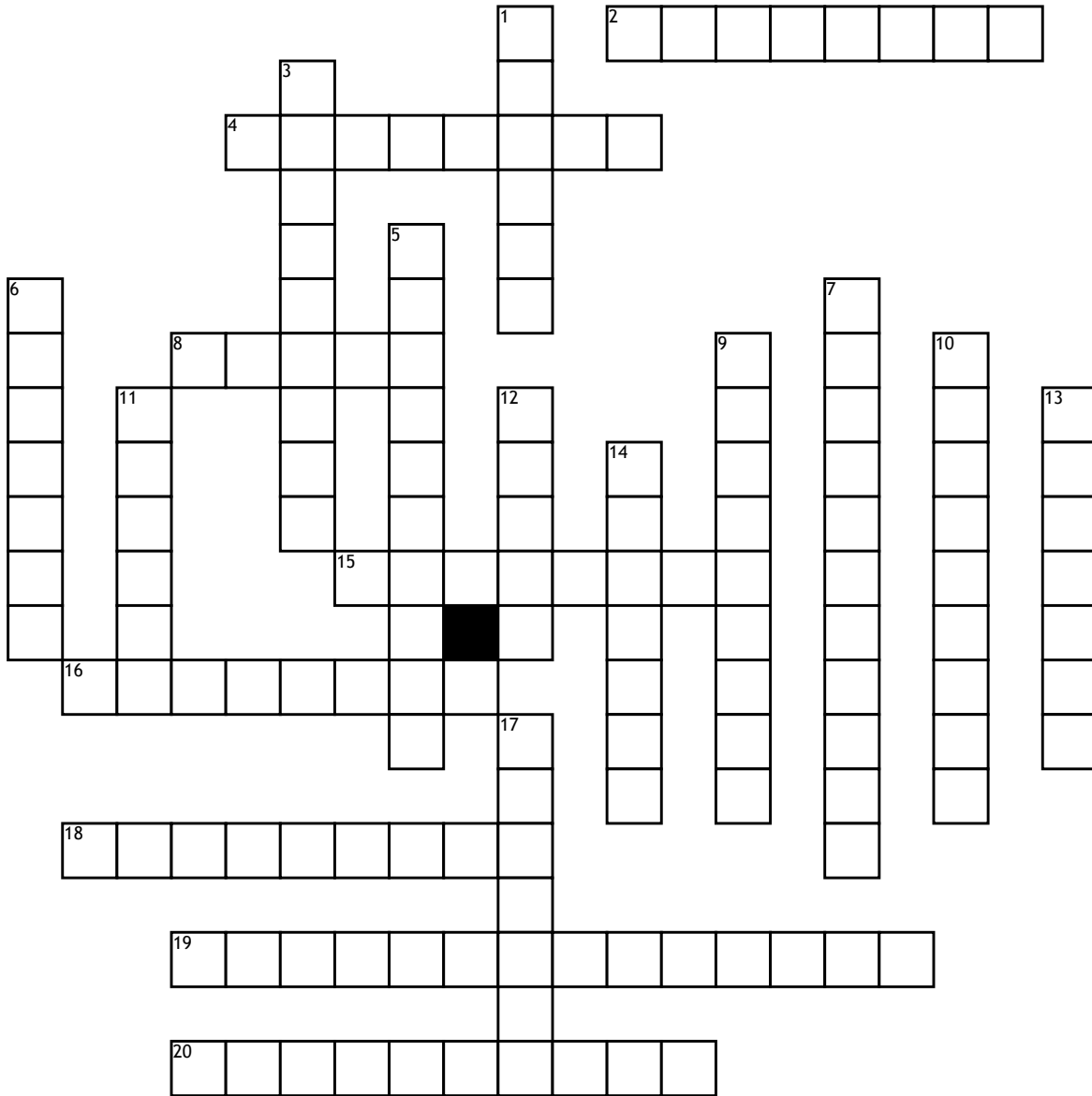


Name: _____

Date: _____

Writing Activity



Across

- 2. S
- 4. L
- 8. I
- 15. O
- 16. M
- 18. G
- 19. D

20. N

Down

- 1. F
- 3. a
- 5. K
- 6. E
- 7. R
- 9. C

10. B

- 11. Q
- 12. H
- 13. T
- 14. J
- 17. P