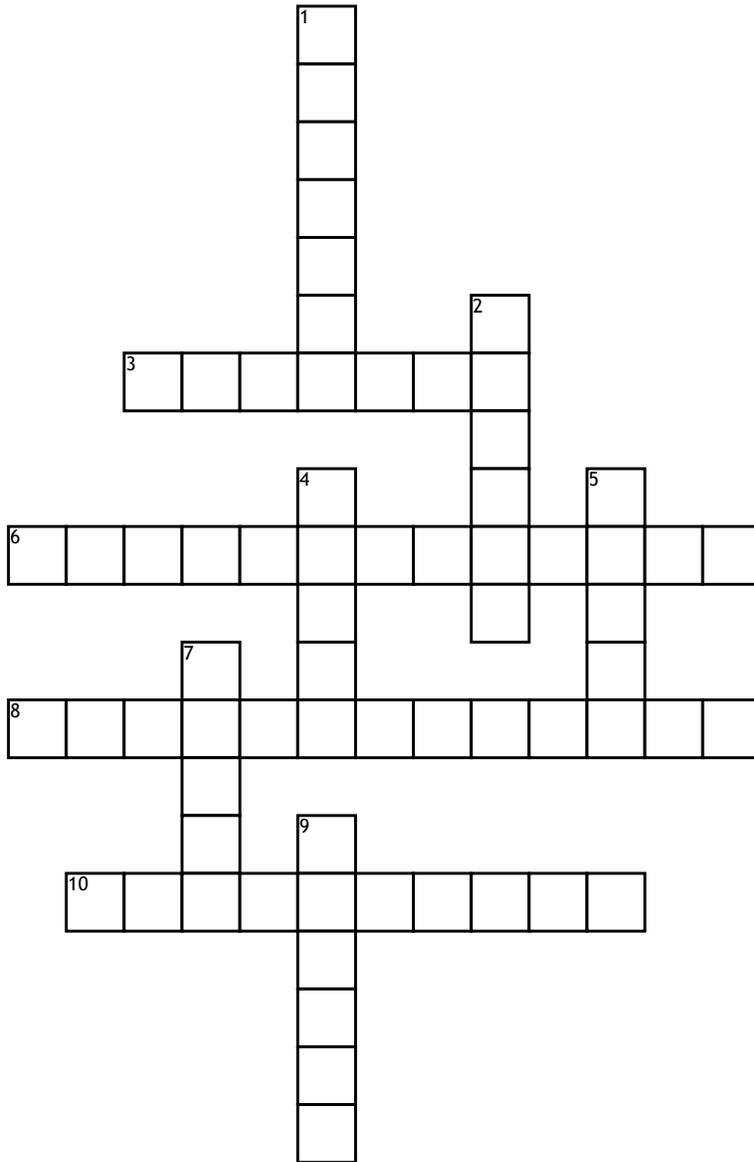


Name: _____ Date: _____ Period: _____

food



Across

- 3. peach
- 6. apple juice
- 8. orange juice
- 10. beef

Down

- 1. porkchop
- 2. bacon
- 4. milk
- 5. ham
- 7. yogurt
- 9. cherry