

Name: _____

Date: _____

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X	T	D	R	I	N	K	I	N	G
H	J	W	R	I	T	I	N	G	C
O	S	T	A	N	D	I	N	G	Z
L	Z	F	A	M	V	D	S	A	S
D	N	T	D	A	N	C	I	N	G
I	J	U	M	P	I	N	G	N	R
N	I	L	A	U	G	H	I	N	G
G	P	L	A	Y	I	N	G	Z	F
V	E	A	T	I	N	G	T	C	Y
V	M	R	S	I	T	T	I	N	G

drinking laughing standing dancing
holding jumping playing sitting
writing eating