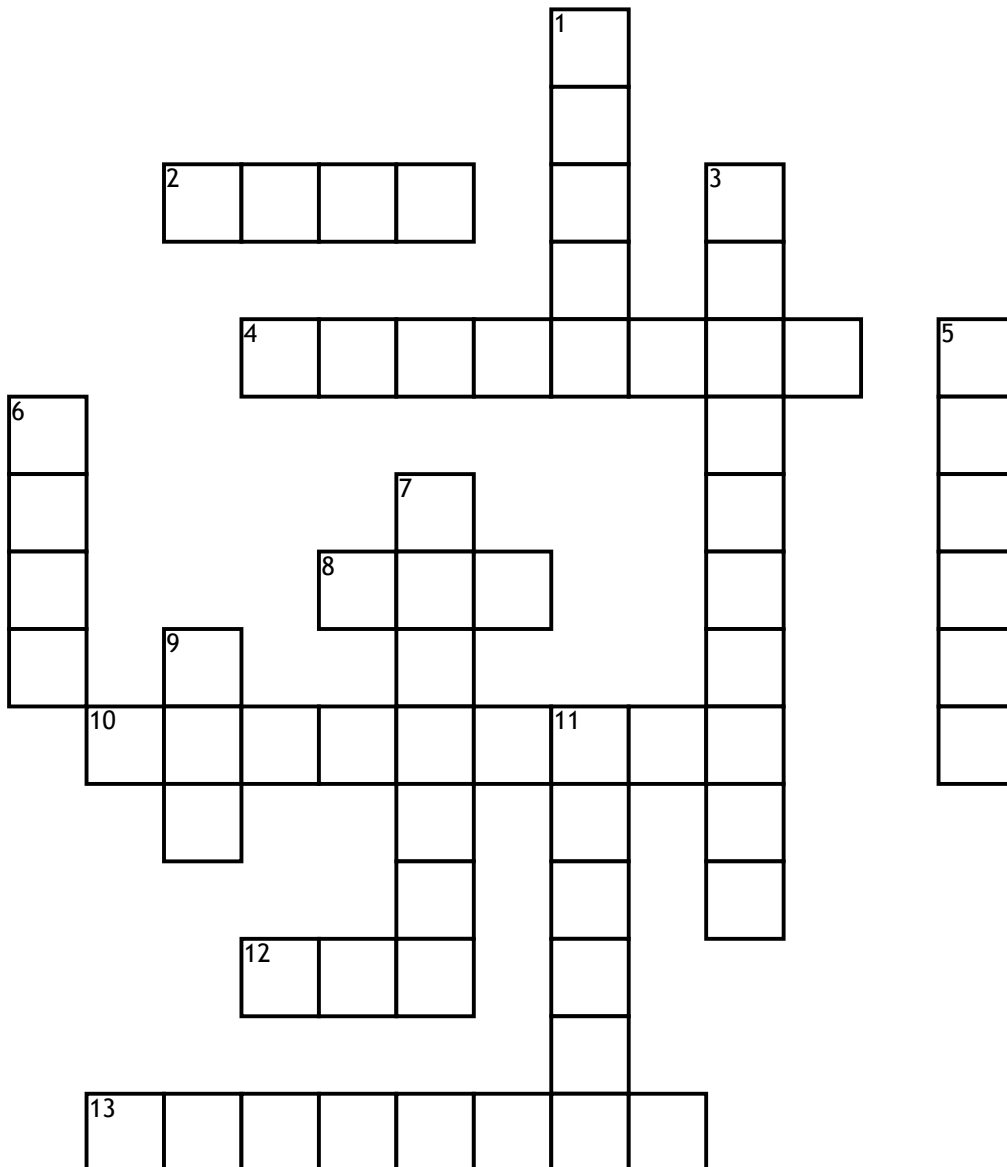


Name: _____

Date: _____

2 x Tables



Across

- 2. 2×2
- 4. 7×2
- 8. 3×2
- 10. 11×2
- 12. 5×2
- 13. 9×2

Down

- 1. 4×2
- 3. 12×2
- 5. 10×2
- 6. 0×2
- 7. 8×2
- 9. 1×2

11. 6×2