

Name: _____

Date: _____

All Colors

B R O W N X V W Q E

Y E L L O W A H L G

U X V X I O C I E N

J I P I N K B T L A

K T C W Y L R E P R

C Q R E U A P P R O

A S R E D I R K U X

L J D A W Y B G P E

B W C G G F E R E R

G R E E N T H L Q P

Purple

Yellow

Orange

Green

Brown

White

Black

Pink

Blue

Gray

Red