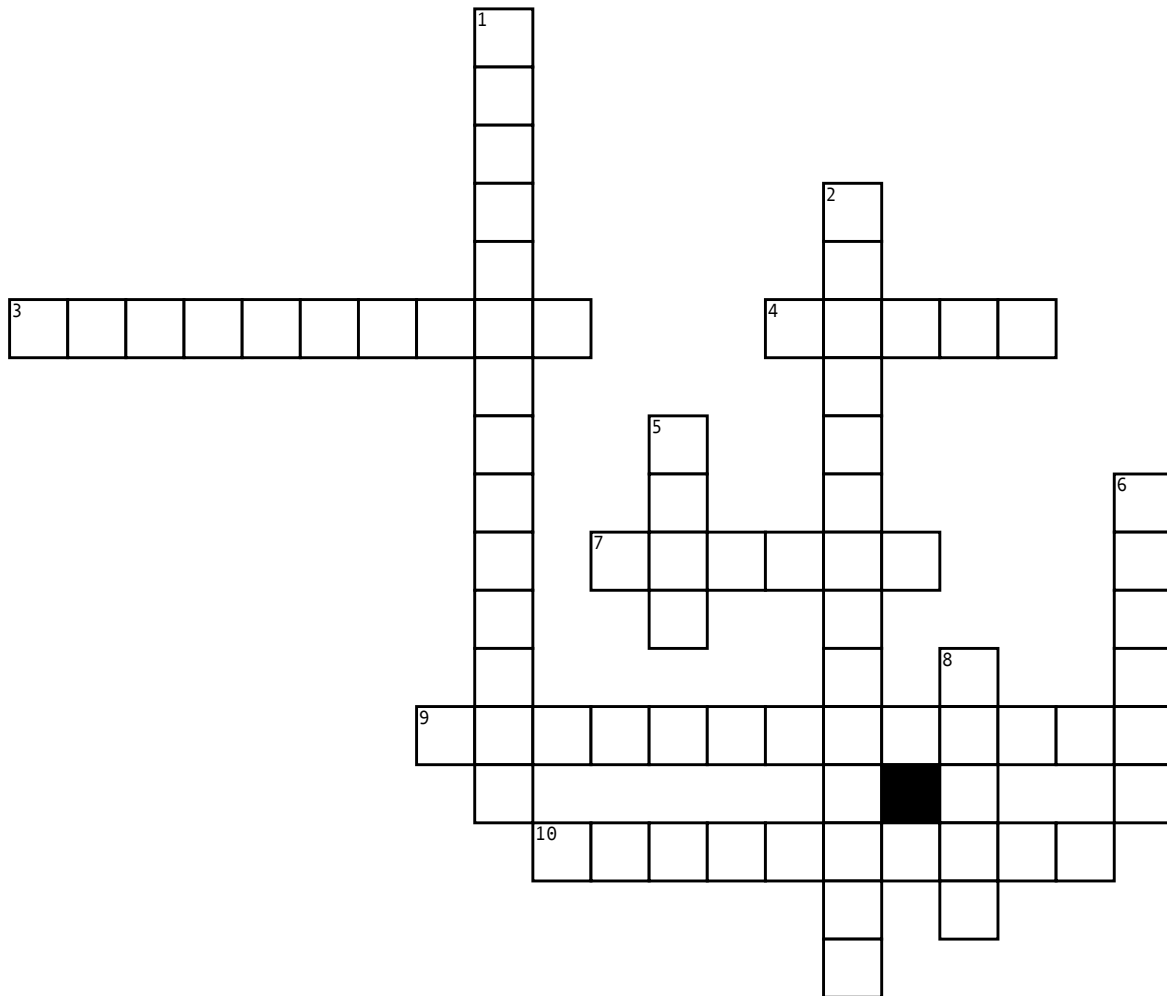


Name: _____

Date: _____

All of your favorite things



Across

- 3. Favorite person?
- 4. Favorite pup?
- 7. Favorite type milk?
- 9. Favorite game?
- 10. Favorite dessert?

Down

- 1. Favorite type of movie?
- 2. Your favorite food?
- 5. Favorite weather?
- 6. Favorite instrument ?
- 8. Favorite music?