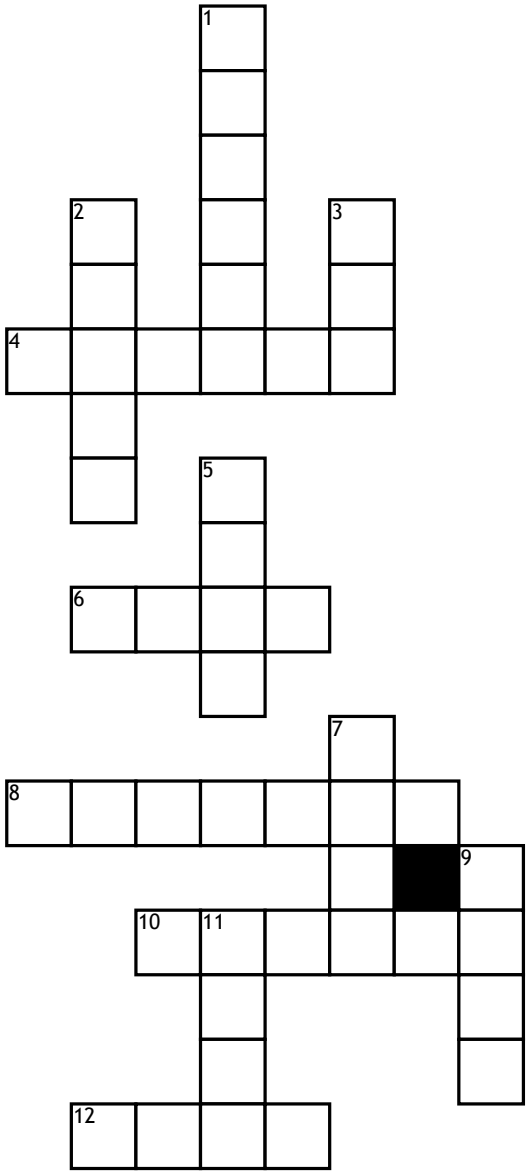
Name: _____ Date: _____

COLORS



Across

4. VIOLET
6. LILAC
8. BLACK
10. ORANGE
12. BLUE

Down

1. DARK
2. WHITE
3. RED
5. YELLOW
7. GREEN
9. LIGHT
11. PINK