

Name: _____

Date: _____

Capacity

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

millilitres medicine capacity glasses petrol
bucket bottle beaker litres paint
drink juice spoon empty bath
full can jug cup