

Name: _____

Date: _____

Countries

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

Switzerland
Zimbabwe
Denmark
Nigeria
Sweden
Egypt

Bangladesh
Algeria
Germany
Brazil
Turkey
India

Mozambique
Bahamas
Hungary
Canada
Uganda
Nepal

Argentina
Bahrain
Ireland
Poland
Zambia
Cuba

Australia
Belgium
Morocco
Russia
Chile