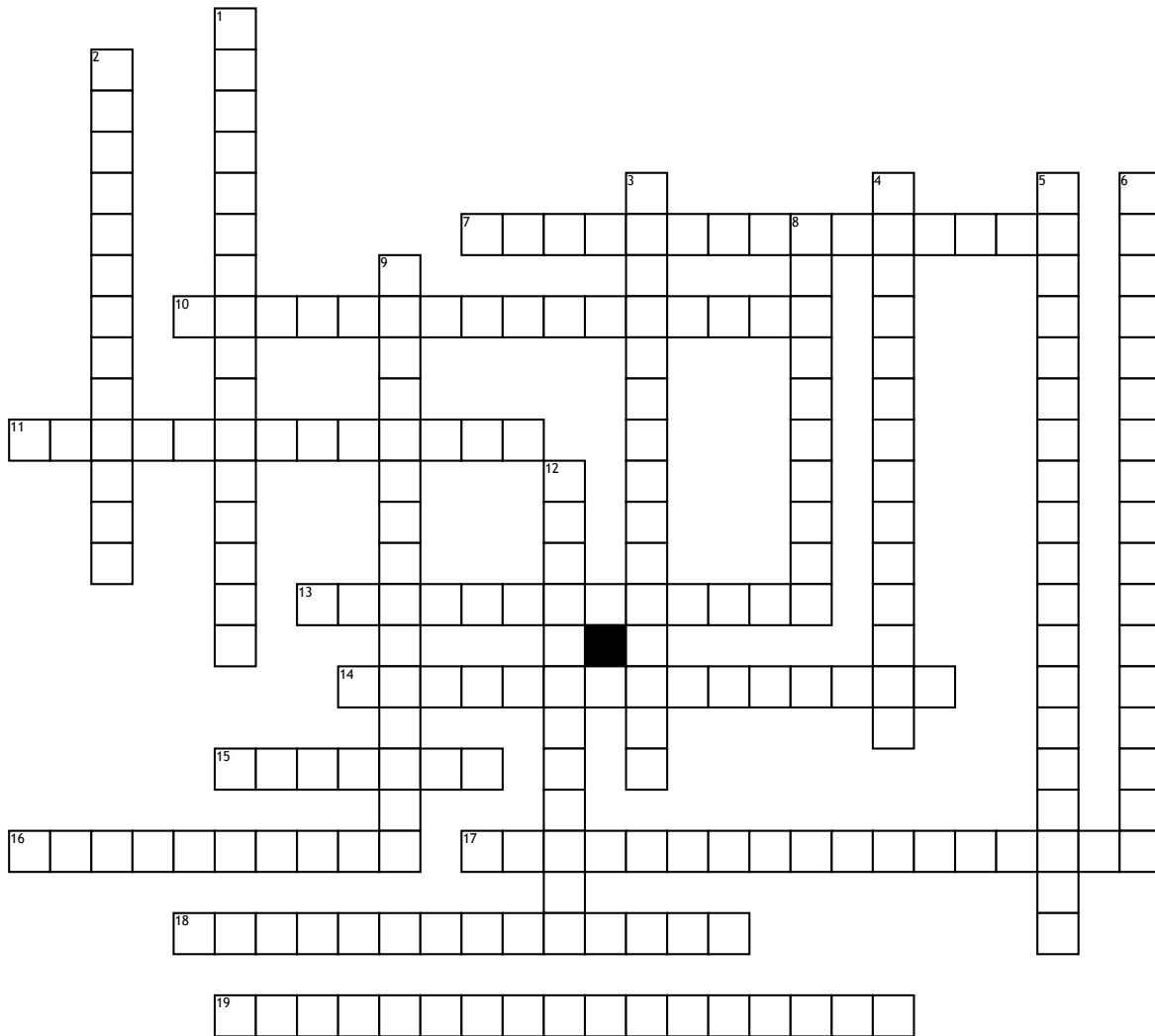


Name: _____

Date: _____

Floral



Across

7. 19

10. 18

11. 3

13. 10

14. 7

15. 14

16. 13

17. 5

18. 1

19. 2

Down

1. 15

2. 16

3. 6

4. 8

5. 4

6. 17

8. 12

9. 11

12. 9