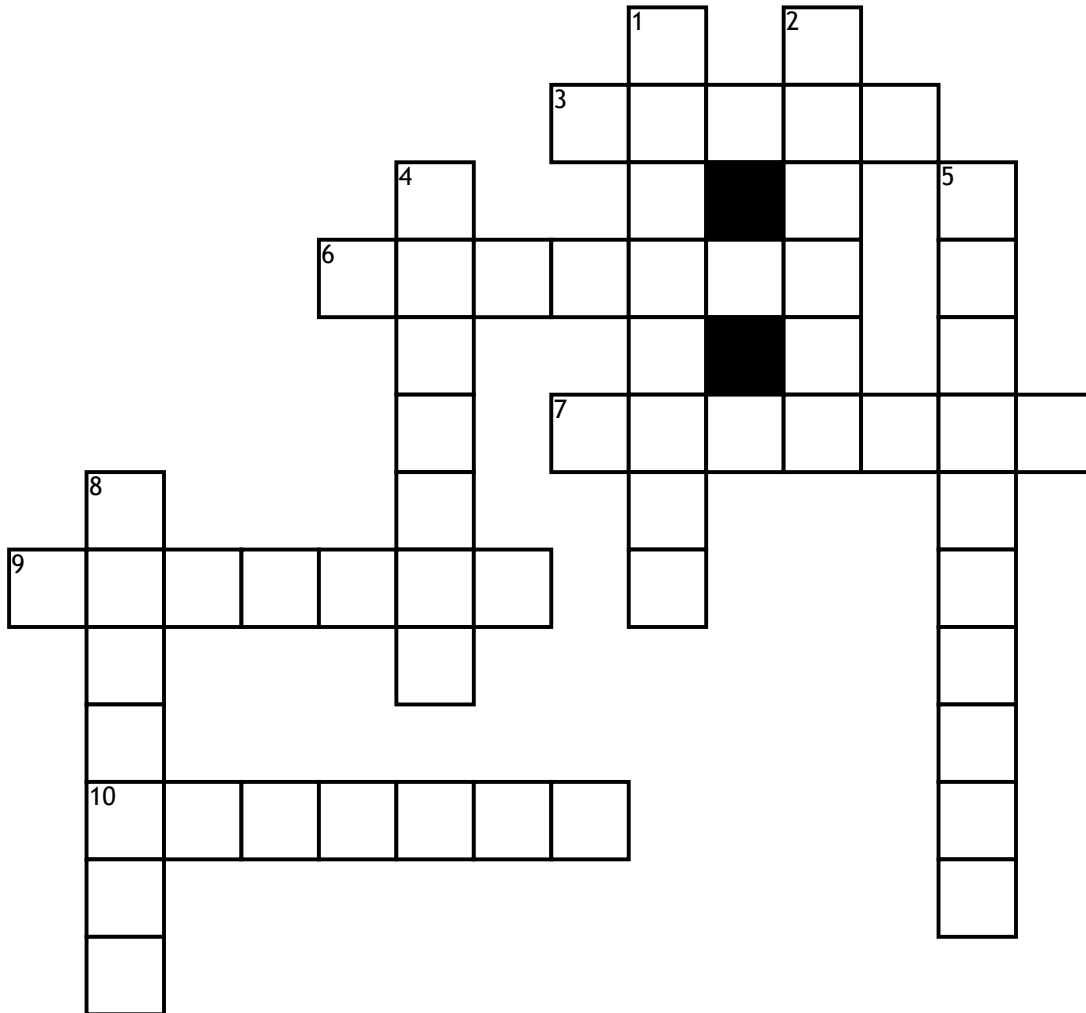


Name: _____ Date: _____ Period: _____

Food



Across

- 3. Bread
- 6. Egg
- 7. Meat
- 9. Ham
- 10. Yogurt

Down

- 1. Ice cream
- 2. Soup
- 4. Rice
- 5. Salad
- 8. Cheese