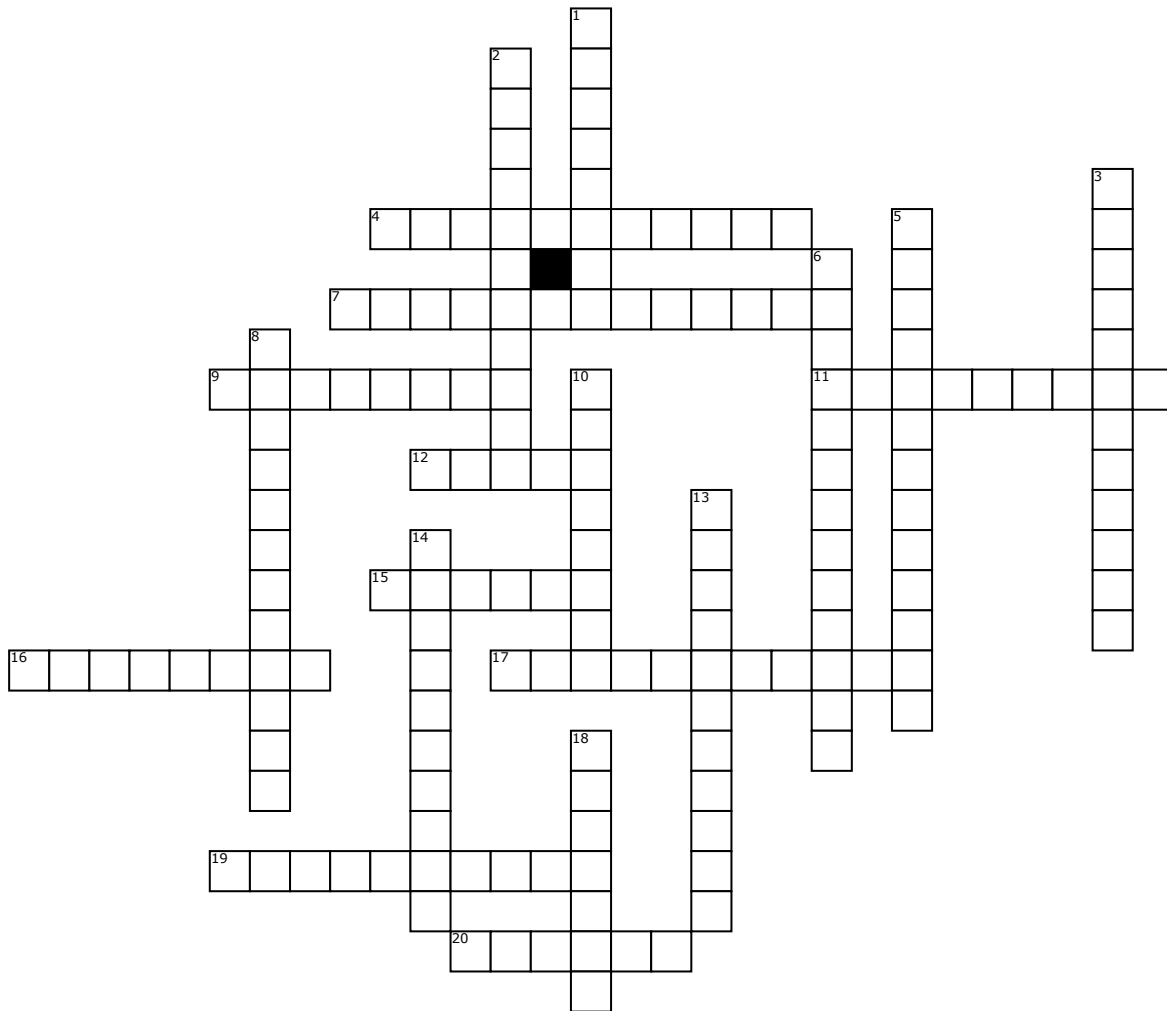


Name: _____ Date: _____ Period: _____

Food and Drinks



Across

- 4.** Omelet
- 7.** Grape Juice
- 9.** Pizza
- 11.** Salad
- 12.** Tea
- 15.** Soft Drink
- 16.** Hot Dog

17. Lemon Soda

19. Hot Chocolate

20. Coffee

Down

1. Crepe

2. Croissant

3. Orange Juice

5. Steak and Fries

6. Tomato Juice

8. Apple Juice

10. Ice Cream

13. Hamburger

14. Sandwich

18. Steak