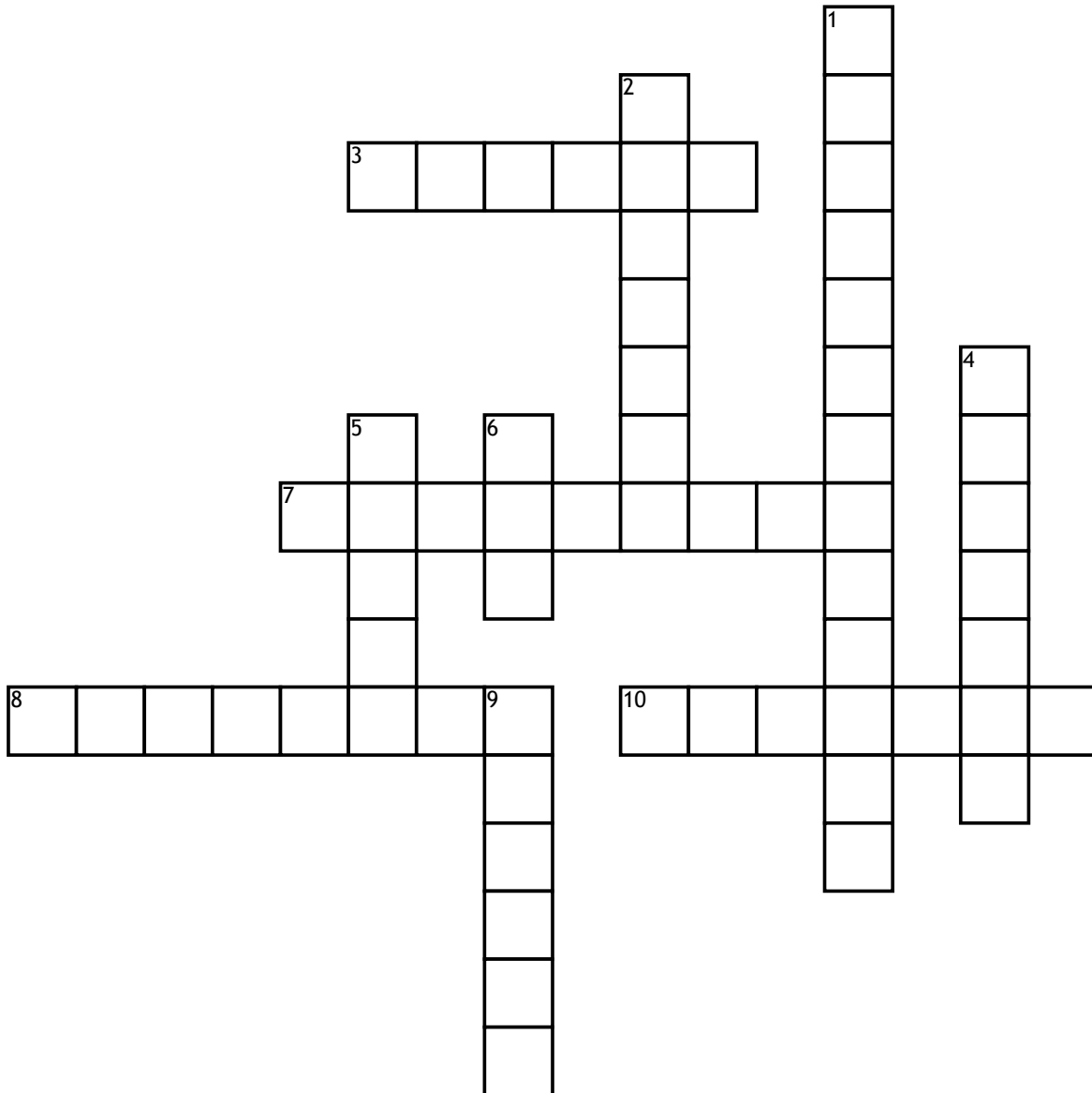


Name: _____

Date: _____

Food



Across

- 3. chips
- 7. croissant
- 8. carrots
- 10. tomatoes

Down

- 1. hot chocolate
- 2. vegetables
- 4. bananas
- 5. fruit
- 6. rice
- 9. salad