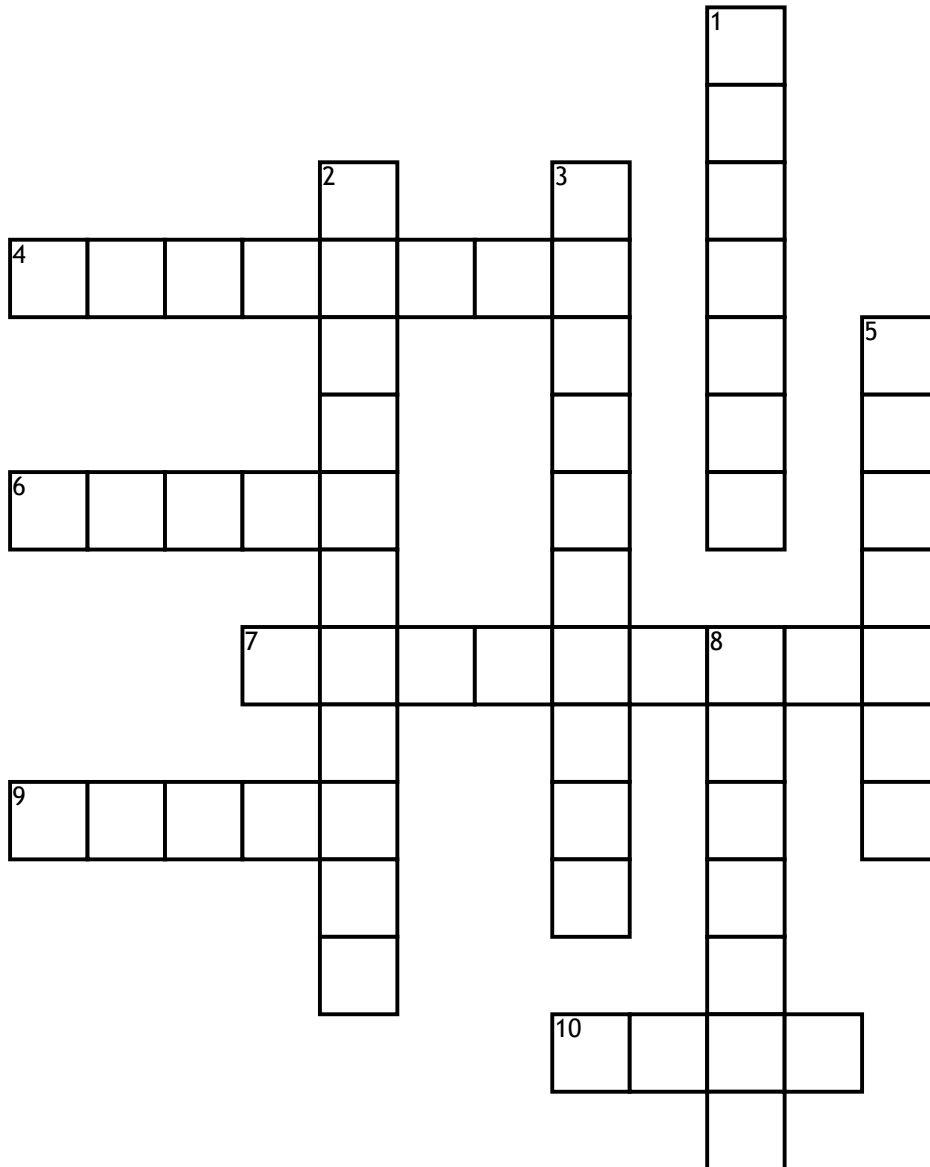


Name: _____

Date: _____

Gesundheit & Fitness



Across

- 4. 1
- 6. 9
- 7. 2
- 9. 7
- 10. 8

Down

- 1. 6
- 2. 5
- 3. 10
- 5. 4
- 8. 3