

Name: _____

Date: _____

HEALTHY LIVING

T V R G I W Y J B R P T D Z E Z H
B H A B I A N C F E Y R H R X W H
G O R D S T X T V N Q N F M E E D
F A G P B E M Z B E V G N M R L R
R D F R Q R C W C R O O U E C L S
J I I O G A A A J G D P T D I N O
X F T T K J R L L Y D F R I S E L
G A N E P J D K Y I E R I T E S Q
A E E I P R I I H E D U T A P S Z
T H S N C B O N S R P I I T S D V
G J S G V Q B G H Q O T O I W Z J
A H L W M W N T S J S S N O I L Y
W M E I U Y I U E Y T S L N M H Q
D G P N K Z Q J P B U L E L M N R
V E X V Q O W I P T R M F A I Y J
F Y O G A E Y J D J E Q Q L N V W
N R R C V E G E T A B L E S G K G

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SWIMMING EXERCISE POSTURE WALKING
PROTEIN FITNESS ENERGY FRUITS
CARDIO WATER YOGA