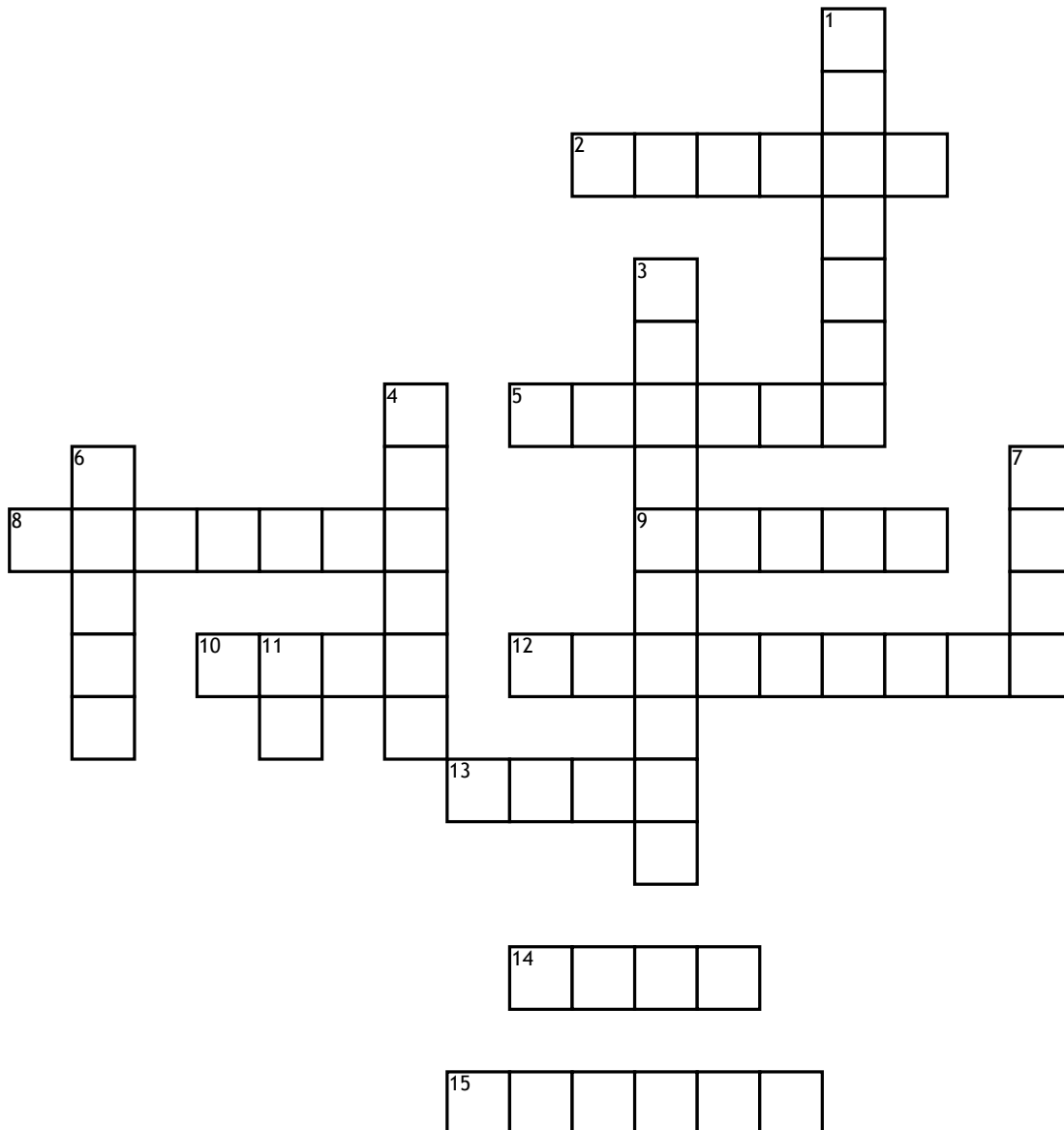


Name: _____

Date: _____

Im Restaurant



Across

- 2. carton
- 5. sugar
- 8. packet
- 9. pinch
- 10. flour
- 12. kg

13. can

14. Salt

15. butter

Down

- 1. pepper
- 3. baking powder

4. egg yolk

6. cream

7. g

11. egg