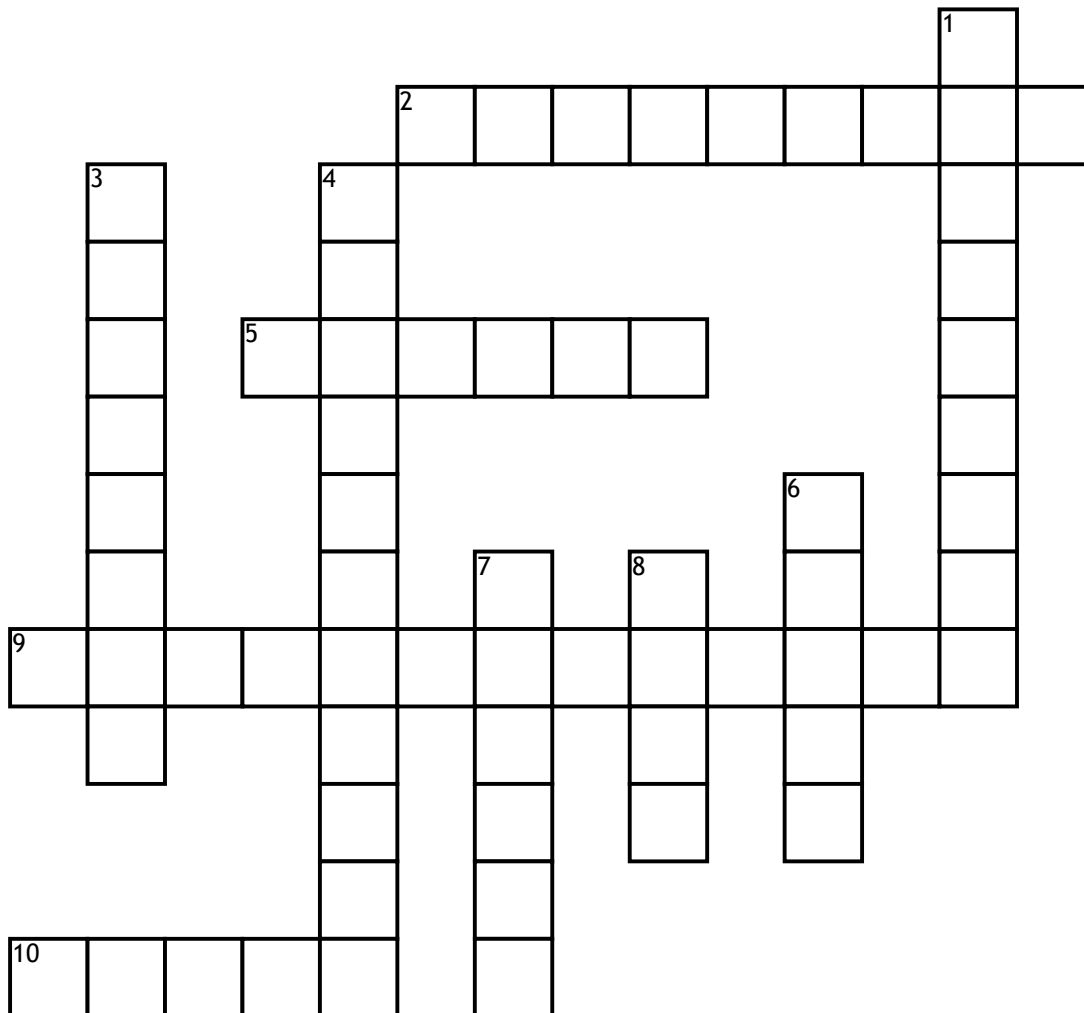


Name: _____

Date: _____

Individual



Across

- 2. D
- 5. S
- 9. I
- 10. S

Down

- 1. B
- 3. C
- 4. I
- 6. F
- 7. C
- 8. L