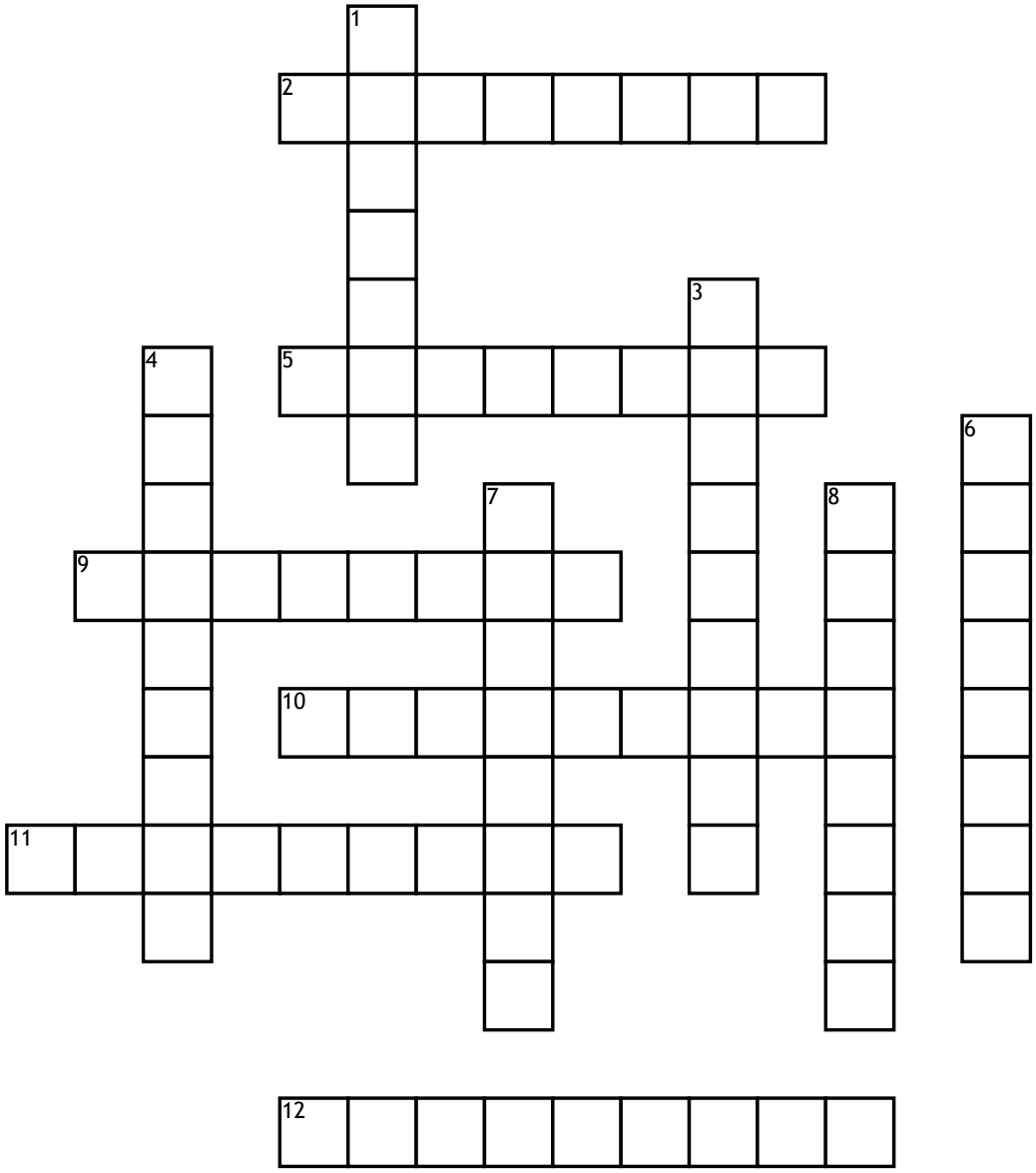
Name: _____ Date: _____

Intensiewe vorm



Across

2. Siek
5. Geel
9. Fris
10. Groen
11. Swaar
12. Vars

Down

1. Blou
3. Hoog
4. Rooi
6. Wit
7. Swart
8. Arm