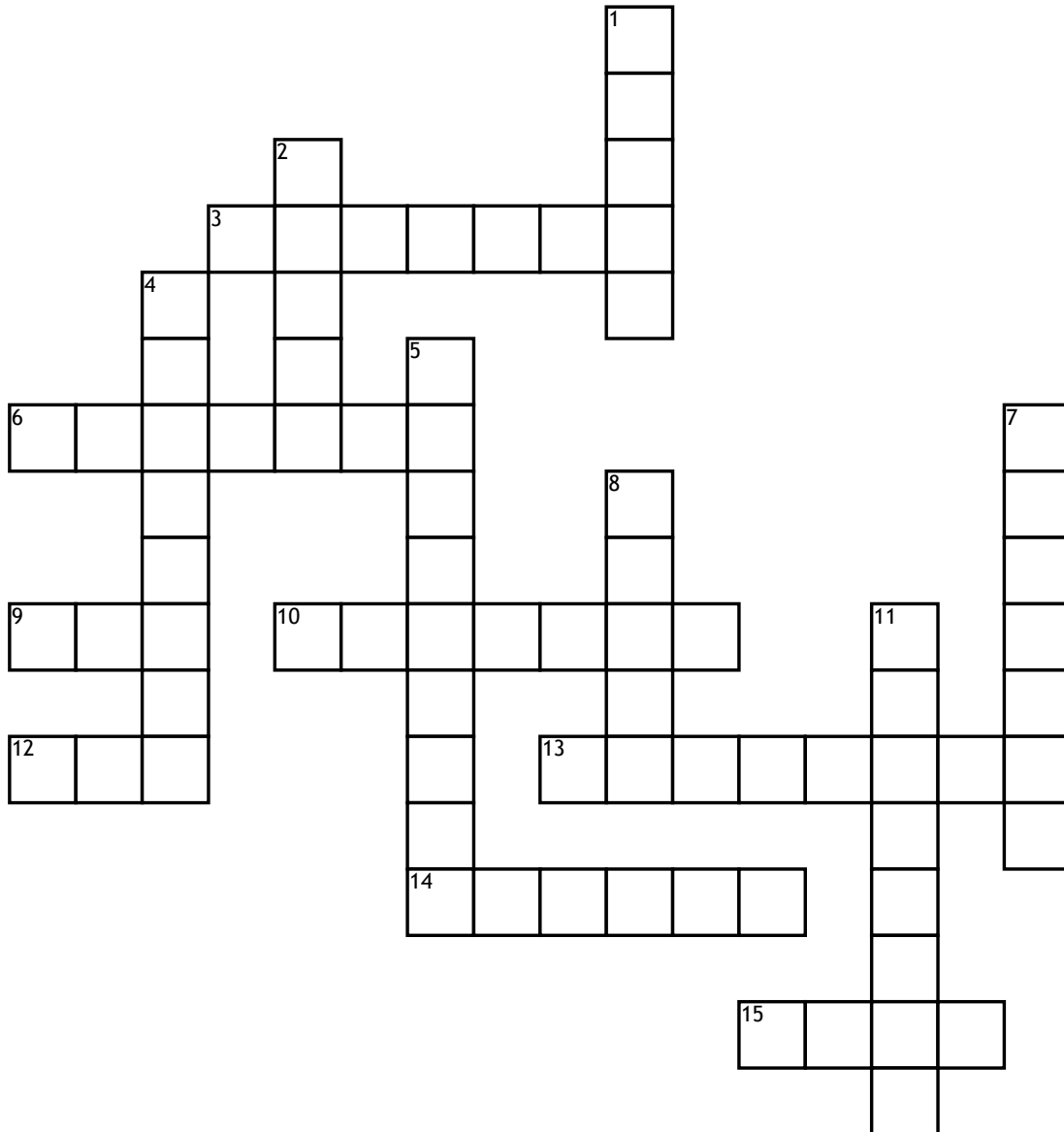


Name: _____

Date: _____

Mois, Jours, Saisons



Across

- 3. Fall
- 6. January
- 9. Summer
- 10. October
- 12. May
- 13. Sunday

14. Saturday

15. March

Down

- 1. Winter
- 2. Monday
- 4. Friday
- 5. Spring

7. February

8. Tuesday

11. December