Name: _____ Date: _____

N.B.C.

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

FIELD GOAL
OVER TIME
TOUCHDOWN
SHOT OUT
FOOTBALL
SKATES
CLEATS
HOCKEY
BALL
PUCK
NET