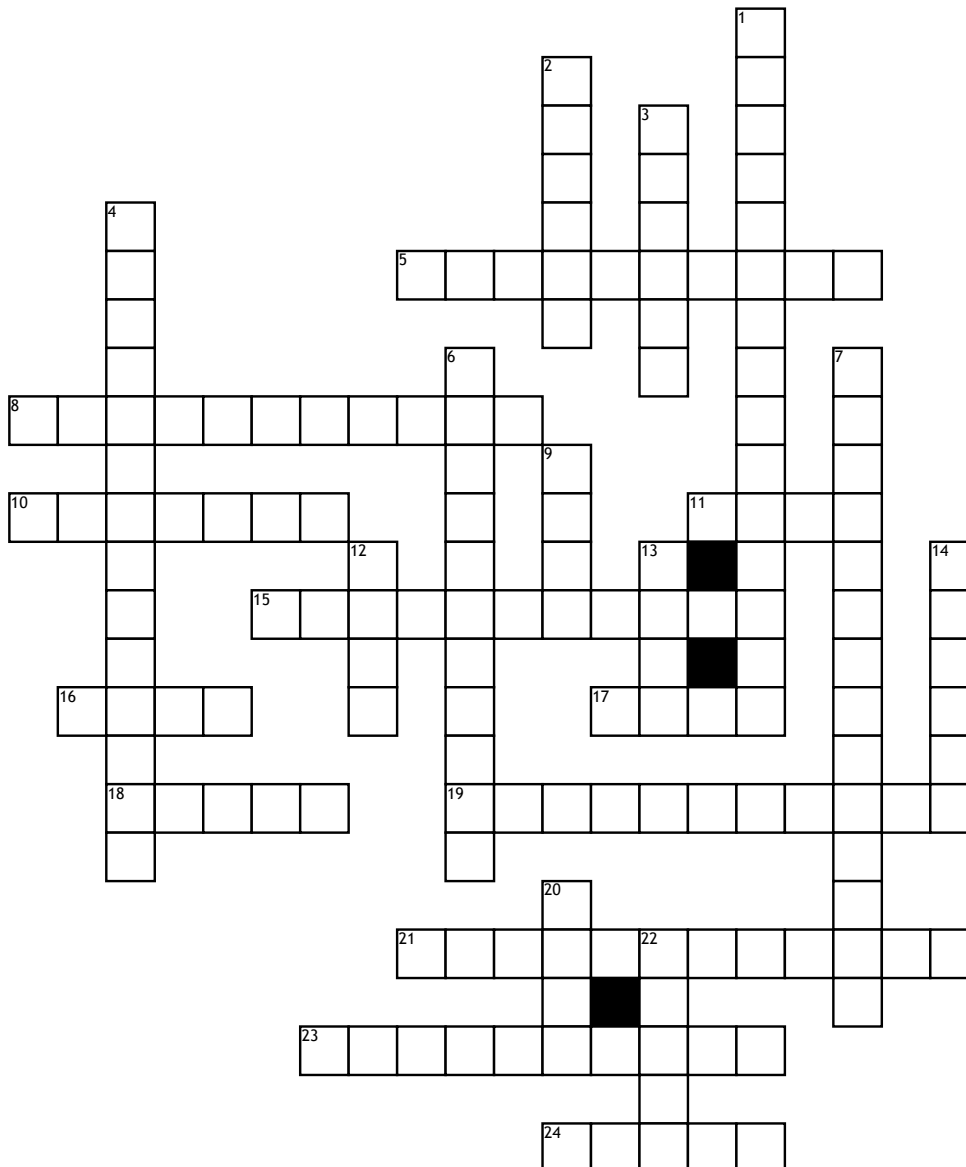


Name: _____

Date: _____

Numbers 0-100



Across

- 5. 19
- 8. 32
- 10. 14
- 11. 11
- 15. 27
- 16. 100
- 17. 12
- 18. 5

- 19. 81
- 21. 63
- 23. 17
- 24. 7
- Down**
- 1. 59
- 2. 15
- 3. 20
- 4. 45

- 6. 92
- 7. 74
- 9. 3
- 12. 10
- 13. 0
- 14. 4
- 20. 6
- 22. 13