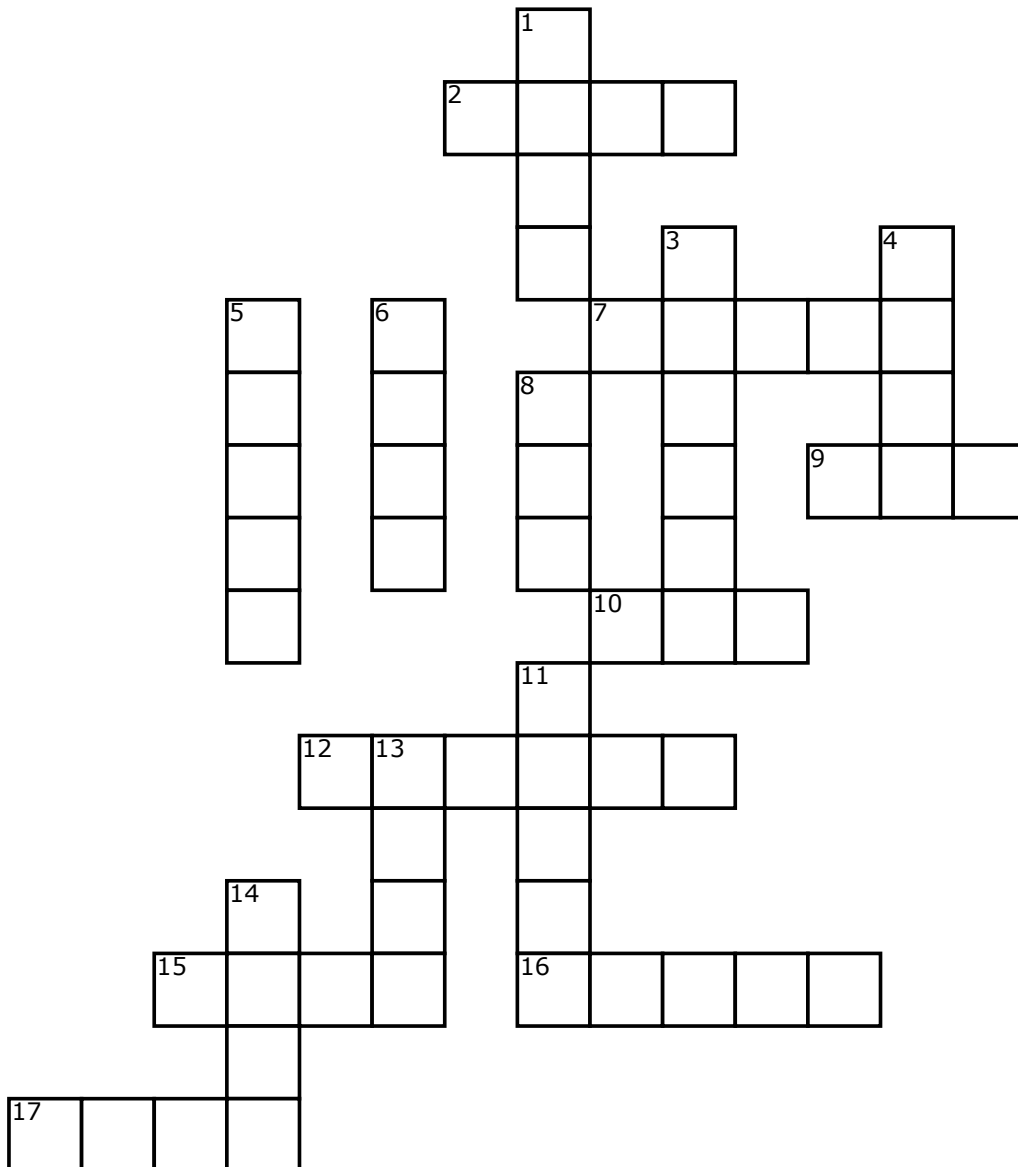


Name: _____

Date: _____

OO, EW, UE, OU



Across

- 2.** When I'm sick I like to eat _____
7. I have a _____ at the counter to sit on
9. I got a brand _____ pair of shoes
10. I have a _____ hours before I go to work.
12. Every day I go to _____ from 7:15-2:10

- 15.** The ball _____ through the air
16. When I go outside I put on my _____
17. Over the summer I _____ 6 inches

Down

- 1.** The weather is nice and _____
3. I'm going to go see the _____ of Liberty!

- 4.** My favorite color is _____
5. I like to eat _____ on hot summer days
6. There is a full _____ tonight
8. A cow will _____ when it is hungry.
11. I need to grab my _____ if I'm going to work on a project.
13. I _____ my food
14. The wind _____