

Name: _____

Date: _____

PLACES

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

SUPERMARKET

POST OFFICE

PHARMACY

STADIUM

THEATRE

BUSSTOP

STREET

CINEMA

MUSEUM

LAKE

PARK

ZOO