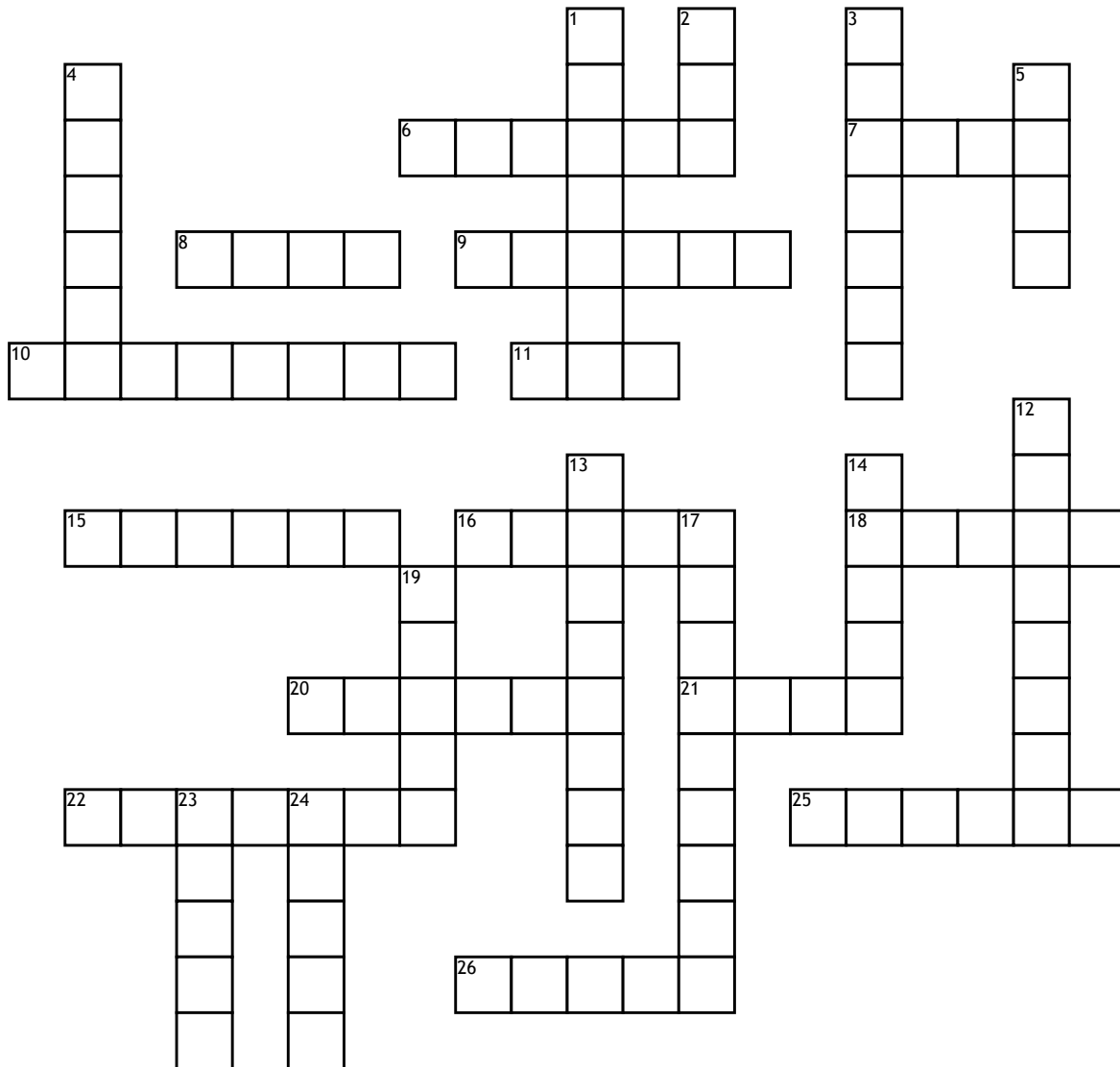


Name: _____

Date: _____

Physical Environment



Across

- 6. ocean
- 7. water
- 8. air
- 9. wind
- 10. mountains
- 11. sea
- 15. ground
- 16. people
- 18. tree

20. grass

21. smoke

22. space

25. city

26. clouds

Down

1. planet

2. river

3. plants

4. town

5. lake

12. border/boundary
line

13. animals

14. country side

17. building

19. fire

23. beach

24. sky