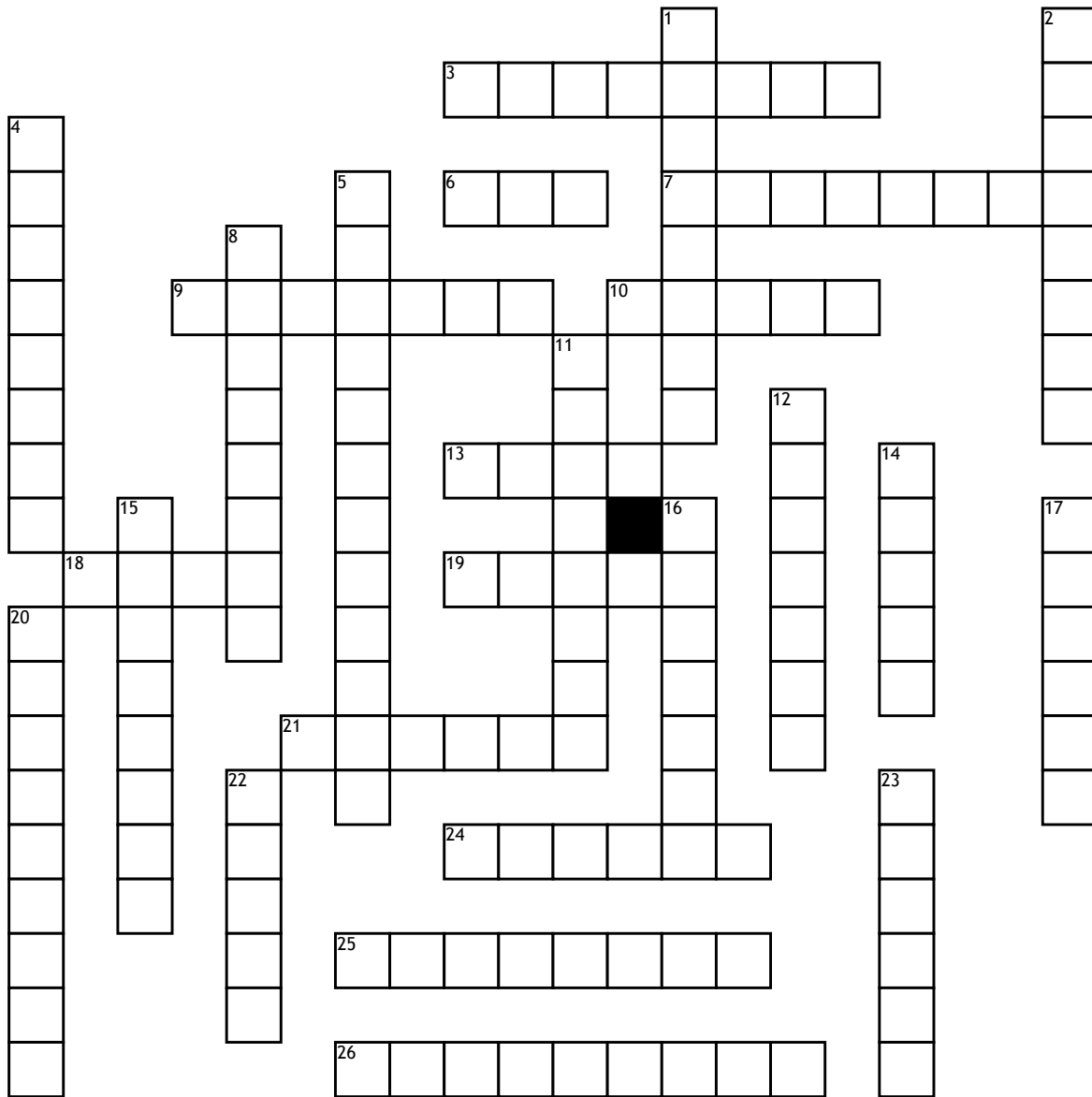


Name: _____

Date: _____

¿Qué te gusta comer?



Across

- 3. pepper
- 6. bread
- 7. breakfast
- 9. bottle
- 10. rice
- 13. water
- 18. soup
- 19. milk
- 21. dessert

24. ice cream

25. salada

26. sweets

Down

- 1. vegetables
- 2. lemonade
- 4. cereals
- 5. fried eggs
- 8. toasts
- 11. avocado

12. seafood

14. cheese

15. tortilla

16. fish

17. yogurt

20. sandwich

22. meat

23. food