

Name: _____

Date: _____

VÄRVID

E N I L E H O R V P
K A L L I L V M R N
L L A H Z S H U E R
K I H R T G U M N I
O E E Z A N I R A Z
L N V E G H O O N B
L I T E S O Õ A U M
A N S B S U R B P N
N I U A O O E G E N
E S M N E G L A V O

ROHELINE

KOLLANE

PUNANE

SININE

ORANZ

VALGE

LILLA

ROOSA

PRUUN

BEEZ

HALL

MUST

HÕBE