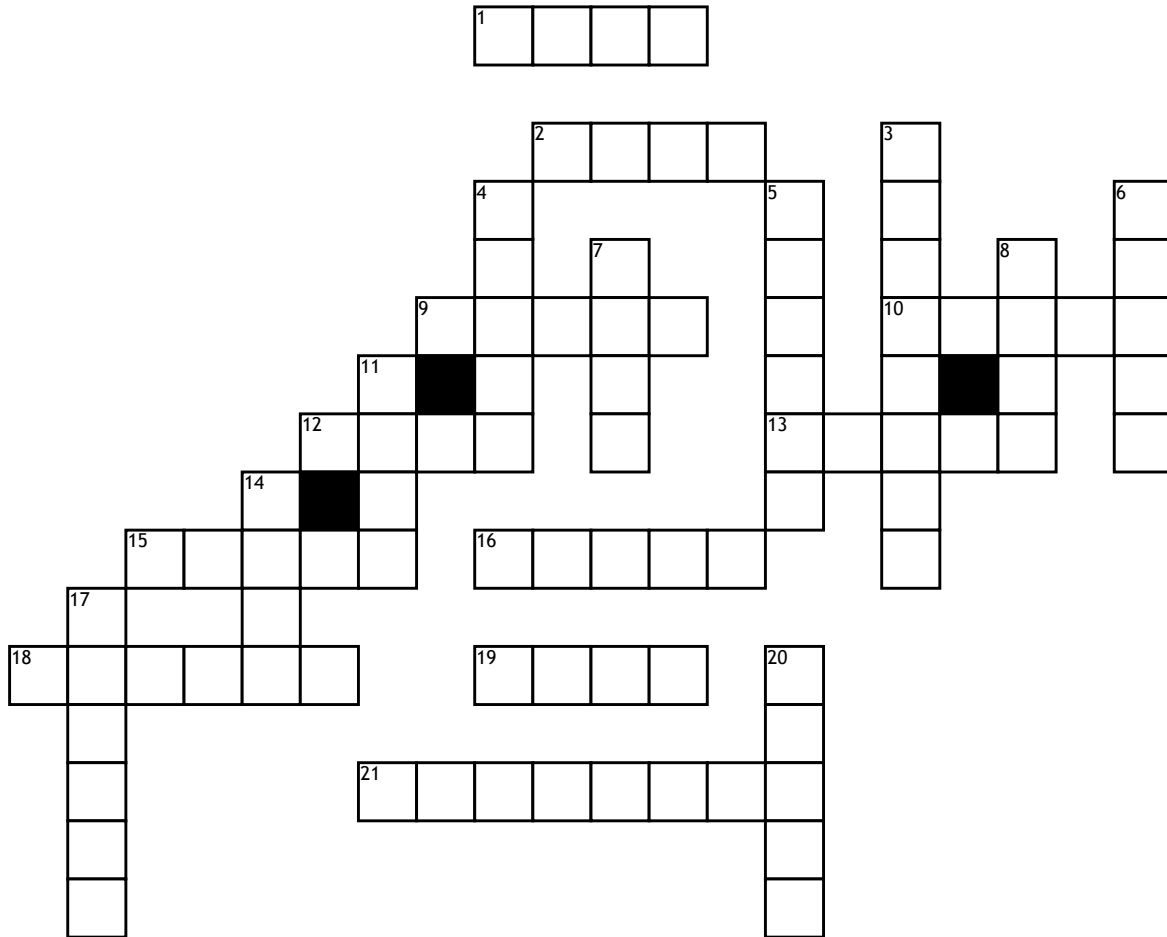


Name: _____

Date: _____

Verbs



Across

1. .

2. .

9. .

10. .

12. .

13. .

15. .

16. .

18. .

19. .

21. .

Down

3. .

4. .

5. .

6. .

7. .

8. .

11. .

14. .

17. .

20. .