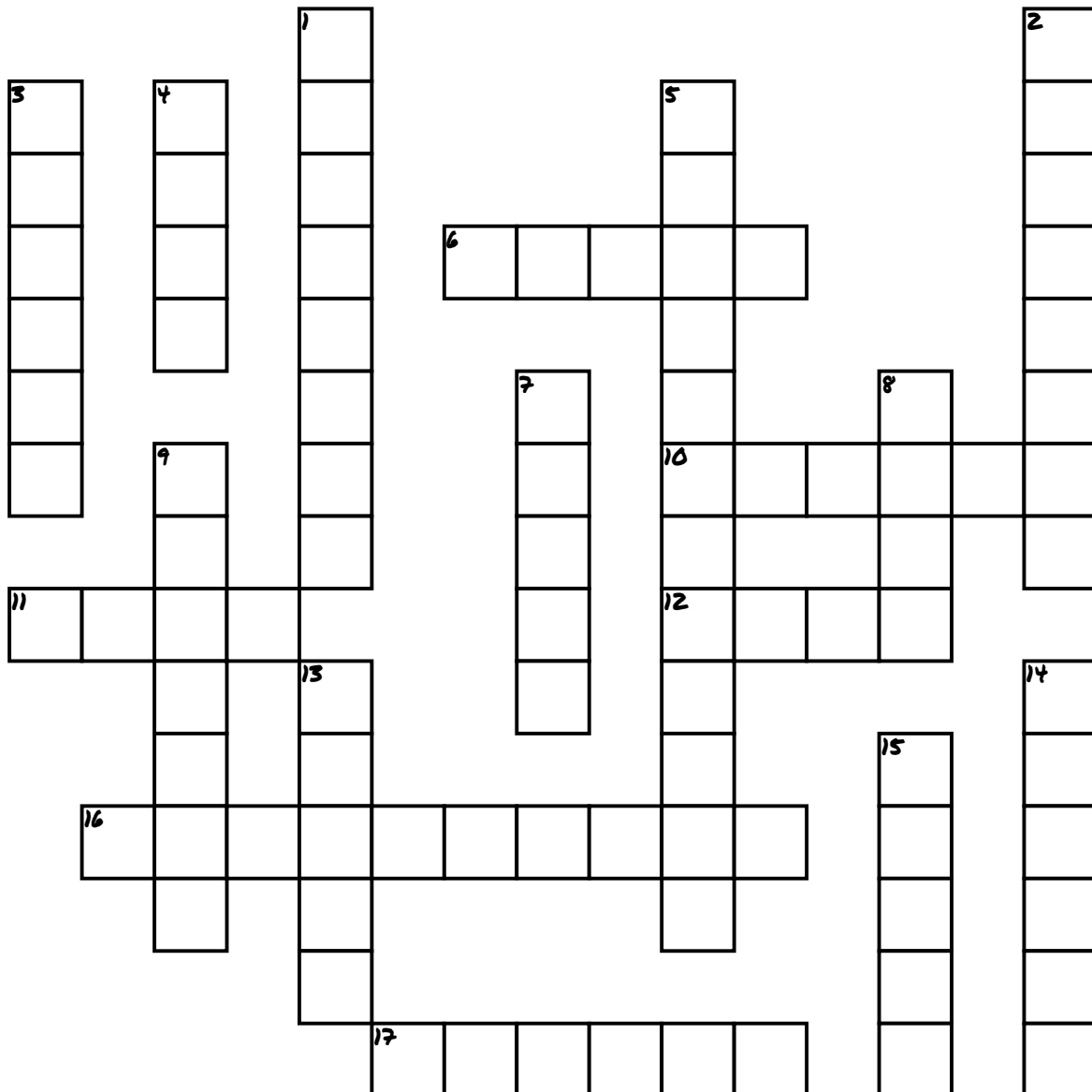


Name: _____

Date: _____

FOOD



ACROSS

6. PERE

10. BANANA

11. CARNE

12. RISO

16. VERDURA/
ORTAGGI

17. MELE

DOWN

1. CILIEGIE

2. GELATO

3. FORMAGGIO

4. PESCE

5. FRAGOLE

7. PRUGNE

8. TORTA

9. ARANCE

13. PANE

14. DOLCI

15. FRUTTA