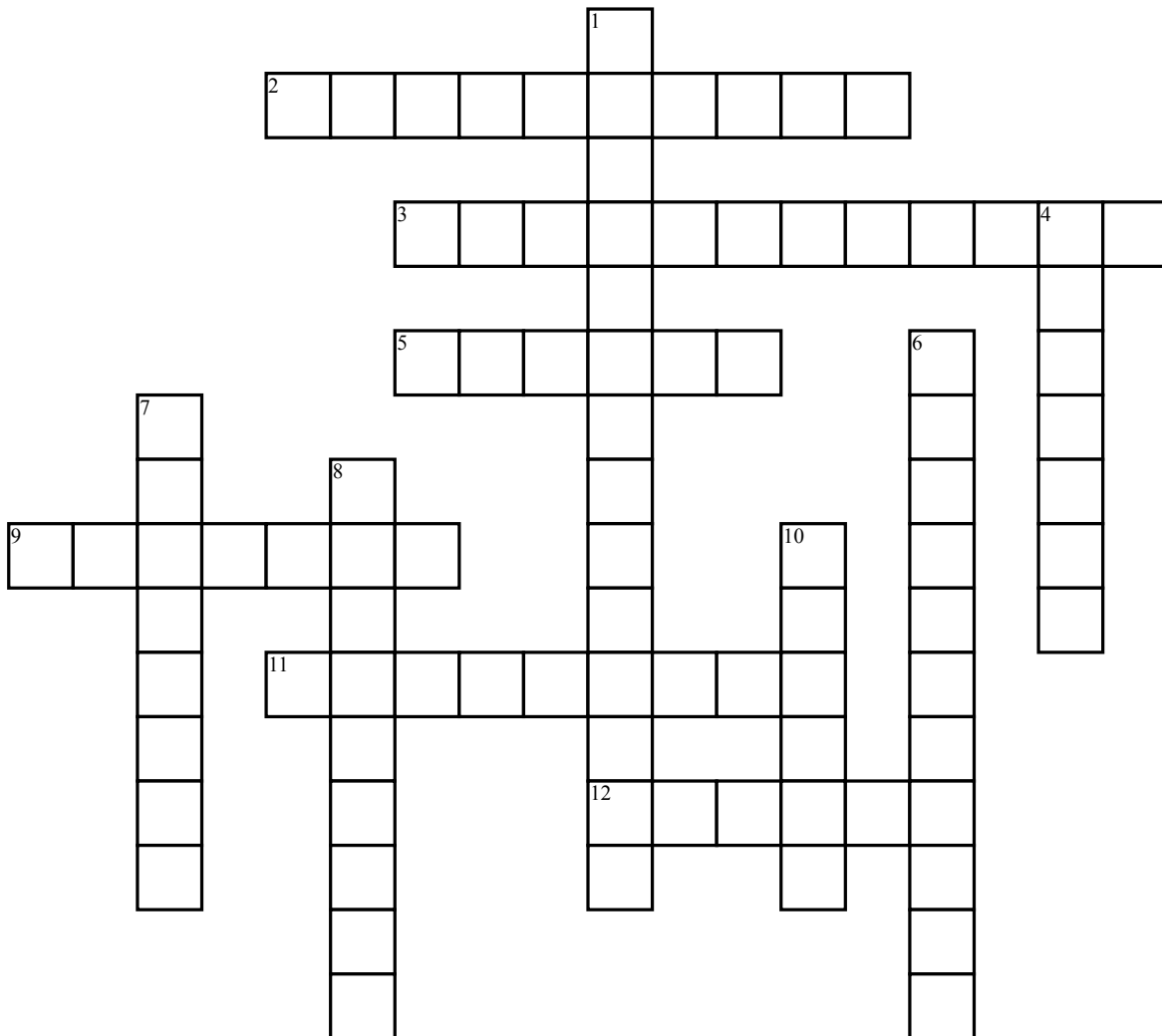


Name: _____

Date: _____

food and drink



Across

- 2. lemonade
- 3. shrimp
- 5. corn
- 9. grapes
- 11. onion
- 12. juice

Down

- 1. mushroom
- 4. ham
- 6. peach
- 7. salmon
- 8. apple
- 10. water