

Name: _____

Date: _____

igh OR ear

D E A R C V H O G Y

V F Y U W T H E A R

N L S X H I Y E A R

B I U L I G H T X F

B G W G H H I B A E

R H I G H T A S Y A

I T S L N E A R N R

G E R I I M N O M F

H A N I G H T W K O

T R O B E A R D C J

flight bright tight beard light

night year dear fear high

hear tear near