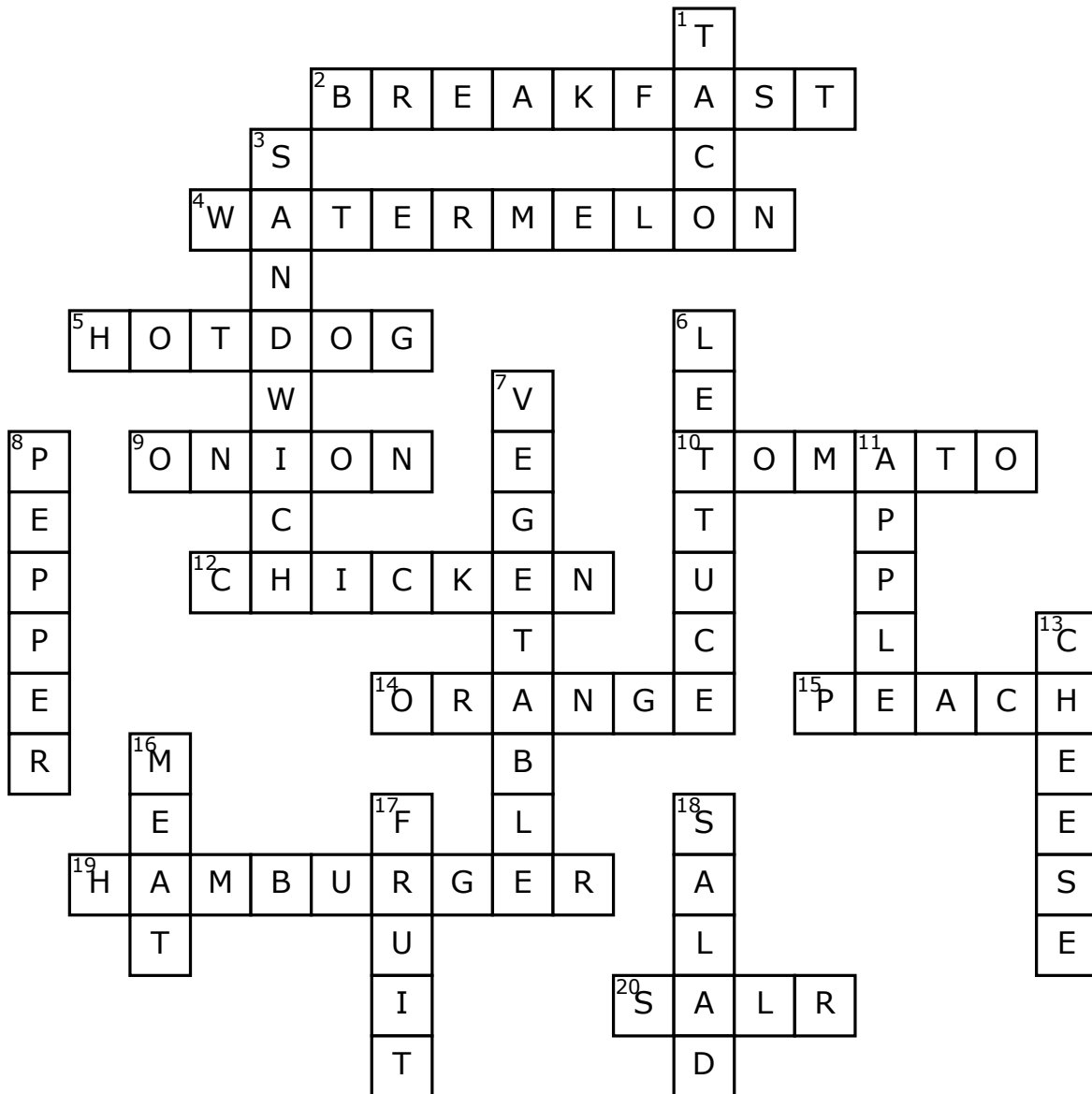


Name: _____ Date: _____ Period: _____

ASL 1 FOOD



Across

2. BREAKFAST

4. WW.
WATERMELON

5. HOTDOG

9. ONION

10. TOMATO

12. CHICKEN

14. ORANGE

15. PEACH

19. HAMBURGER

20. SALT

Down

1. TACO

3. SANDWICH

6. LETTUCE

7. VEGETABLE

8. PEPPER

11. APPLE

13. CHEESE

16. MEAT

17. FRUIT

18. SALAD