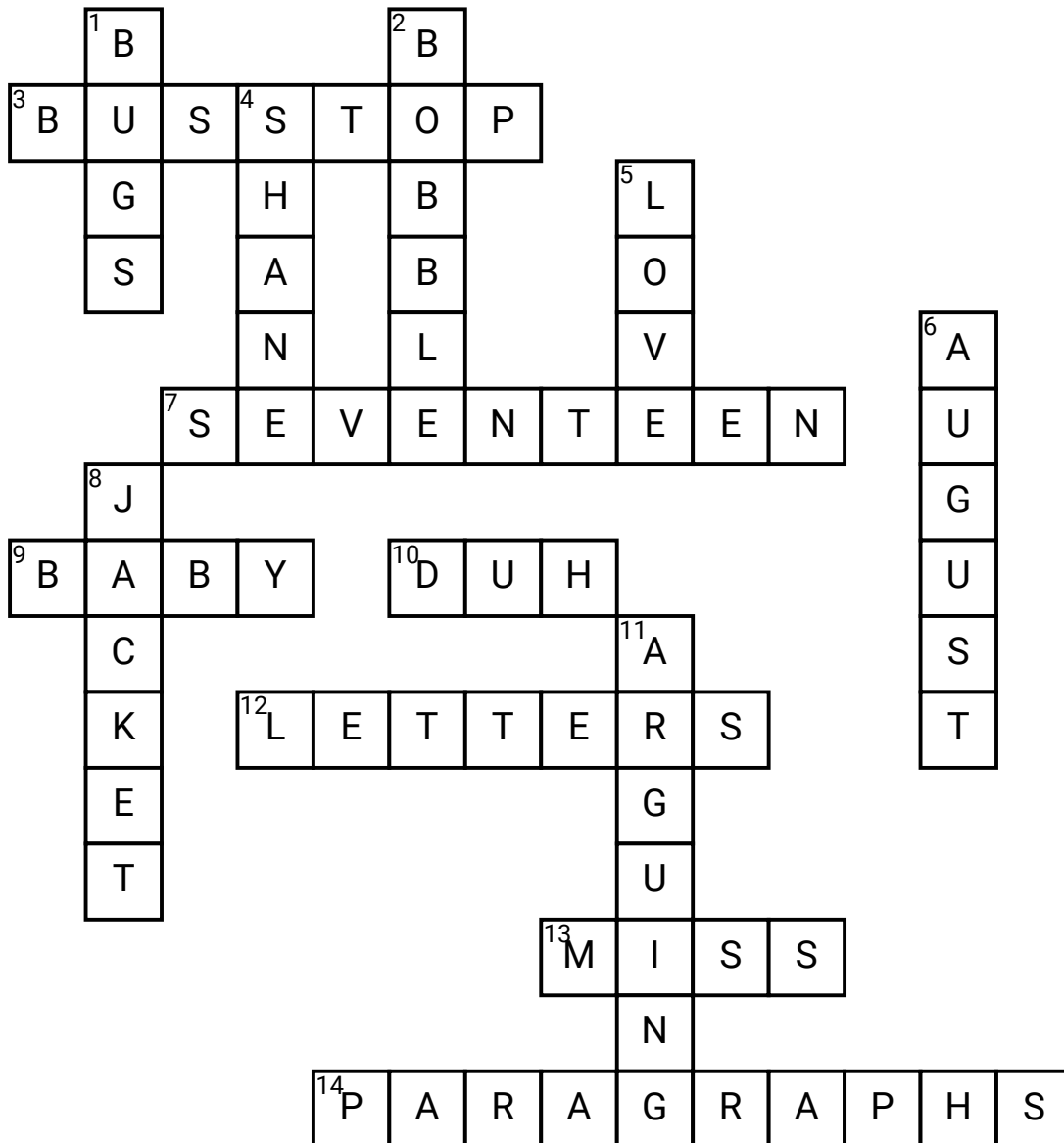


Name: _____

Our Relationship.



Across

3. Where we first met
7. Number of the day we got together
9. What we always call each other
10. What I used to say all the time
12. What we also used to hand-write each other

13. I ____ YOU

14. What you used to write for me to wake up to

Down

1. Something I'm scared of
2. The first thing I gave you of mine

4. Name of the person who said I love you first

5. I ____ YOU

6. Month we got together

8. The first thing you gave me of yours

11. Something we both hate doing