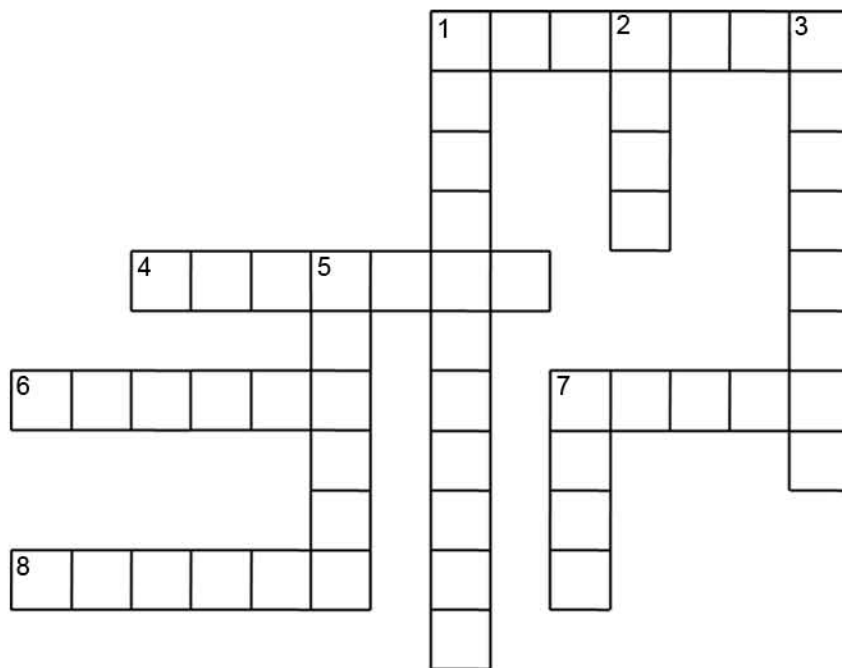


Name: _____

Date: _____

Vegetables



Across



1. c _____



4. p _____



6. c _____



7. o _____



8. t _____

Down



1. c _____



2. b _____



3. e _____



5. p _____



7. o _____