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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

maggie

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|  |  |  |  |  |  |  | 3 |  |  |  |  |  |  |  |
|  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | 7 |  |  |  |  |  |  |  |  |  | 8 |  |
| 9 |  |  |  |  | 10 |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 12 |  |  |  |  |  |  |  |  |  |
|  |  |  | 13 |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Across**  **1.** day of week that you have OT  **4.** your first name  **9.** one of your favorite colors  **10.** how many cats do you have  **11.** your last name  **13.** current Netflix favorite show  **14.** current age | **Down**  **2.** city where you live  **3.** name of school  **5.** month of your birth  **6.** another favorite color  **7.** what have you lost from your mouth  **8.** state where you live  **12.** activity you do with mom |