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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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|  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |  |

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| --- | --- |
| **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 |