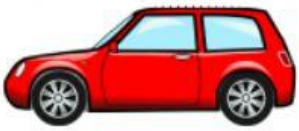
NAME:_____ CLASS:_____ DATE:_____

TRANSPORTATION

Complete the name of Vehicle

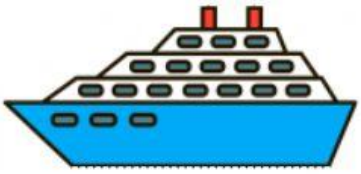


C__R

TR__CK

M__TORCYCLE

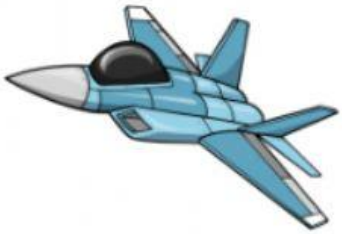
AE__O PLANE



S__IP

S__OOTER

BIC__CLE



J__T

BO__T

T__AIN

B__S