

Name: _____

Grade: _____

NO: _____

AT THE AIRPORT

LISTENING



Fill in the blanks.

1 Destination :

Flight :

Gate :

Time:

2 Destination :

Flight :

Gate :

Time:

3 Destination :

Flight :

Gate :

Time:

4 Destination :

Flight :

Gate :

Time:

5 Destination :

Flight :

Gate :

Time: