

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Practice Work Sheet 2

**Ques:** Complete with A/An.

1. \_\_\_\_\_ hour
2. \_\_\_\_\_ ice-cream
3. \_\_\_\_\_ school uniform
4. \_\_\_\_\_ accident
5. \_\_\_\_\_ orange hat
6. \_\_\_\_\_ egg
7. \_\_\_\_\_ house
8. \_\_\_\_\_ green apple
9. \_\_\_\_\_ white egg
10. \_\_\_\_\_ European country
11. \_\_\_\_\_ airport
12. \_\_\_\_\_ umbrella