



Name: _____

Date: _____

Colours

G	W	A	T	P	E	P	R	O
Q	H	N	D	U	M	W	H	Y
K	I	E	B	R	O	W	N	E
U	T	R	B	P	H	L	J	L
W	E	M	X	L	R	O	B	L
P	T	G	R	E	E	N	V	O
I	Z	H	O	V	D	W	L	W
N	B	L	A	C	K	K	R	Y
K	E	X	C	L	B	L	U	E

RED

ORANGE

YELLOW

GREEN

BLUE



PURPLE

PINK

BROWN

BLACK

WHITE