

Name : _____ Date : _____

Fill in the blanks.

	
C _ _ p _ t	V a _ _
	
T _ l e _ _ s _ _ n	B _ a n _ _ t
	
P _ _ l o _	P _ s _ e _
	
C _ a _ r	B _ _ k s _ _ l f



W _ _ n d _ _ _



C _ _ _ i _ _



B _ _ d



C _ _ o s _ _ _



C _ _ _ c _ _



C _ _ r t _ _ _ n