






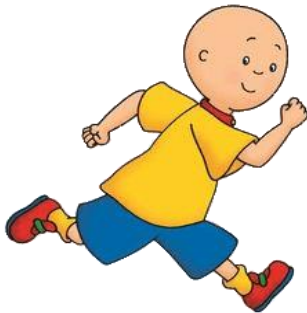


Ex. 3

A2

Sports

Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____



**Write the name of the six sports you can see in the pictures**

1. -----
2. -----
3. -----
4. -----
5. -----
6. -----