








Exercise A2 Sports

Name: _____ Surname: _____ N ^{ber} : _____ 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 five sports you can see in the picture.

e.g. Hockey

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