



Name:	
Date:	

Tick the correct option. badminton football ☐ boxing golf running cycling volleyball diving diving \_ tennis bowling swimming golf volleyball surfing surfing basketball gymnastics skiing golf tennis ☐ football running basketball baseball cycling volleyball running  $\square$  boxing  $\square$  running  $\square$  diving surfing  $\square$  cycling baseball cycling running karate ☐ rock climbing boxing karate cycling boxing 🗌 karate swimming  $\square$  gymnastics running  $\square$  cycling swimming skiing ice skating  $\square$  diving surfing surfing skiing  $\square$  cycling

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