

Name: _____ ()

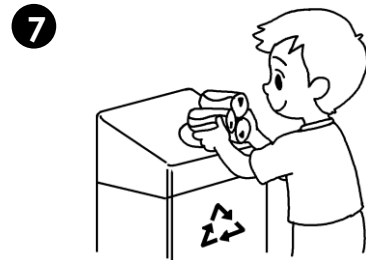
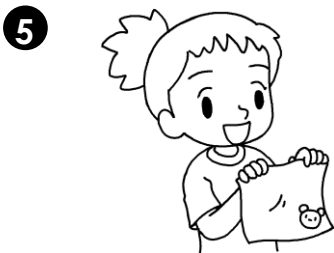
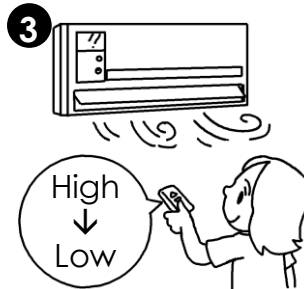
Class: _____ Date: _____



Choose and write.

bring have use throw away reuse turn off / down recycle

baths used paper lights facecloth plastic bags
showers air-con disposable products cans tap



1 leave the _____ on 2 _____

3 _____ the _____ 4 _____ the _____

5 _____ my own _____ 6 _____

7 _____ 8 _____

9 _____ 10 _____