



Name: _____

Date: _____

Fill in the blanks with a or an



1. She has ___ apple.



2. I see ___ cat.



3. He is eating ___ orange.



4. This is ___ pencil.



5. I have ___ umbrella.



6. That is ___ dog.



7. She wants ___ ice-cream.



8. He sees ___ elephant.

9. I bought ___ book.



10. It is ___ egg.

