

Name: _____

Date: _____

BODY

V T T O L T I S H J J H T U O M J
H T E E T H O B H T E Y E S Y Z J
S Q Y T R G A O U O N T F R F M M
H R E J N R E P F T U U S A T R K
H L A R B C I O L W U L C E P A C
C T B E X C E A O Q W E D E H B E
H V A T H S Q R H B R H M E X C N
M Z S E O S B Z Z A I A L L R F I
O O E N B E P W F C S N I E W I H
Y K V P Y K M I W K T D P Z E N C
S L L E J H G U H O G T S U L G Q
T Y A Z S E S C E E B U D X K E V
F B C P H A F B L J I L K D N R J
N Y Y P G D K J A W U X E T A F D
R L H R I P C Z O E K L B O D Y S
A Q D T H Y E V P B H C A M O T S
M L A V T Y N S E H S A L E Y E T

eyelashes
thighs
wrist
eyes
hair
arm

shoulder
finger
mouth
hand
foot

eyebrow
teeth
lips
nose
body

stomach
elbow
hips
ears
head

cheeks
chest
back
face
jaw

calves
ankle
chin
neck
leg