

Name: _____

Date: _____

Bath

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

Toothpaste

Toilet

Comb

Bath

Shampoo

Paper

Soap

One

Shower

Brush

Sink

Two