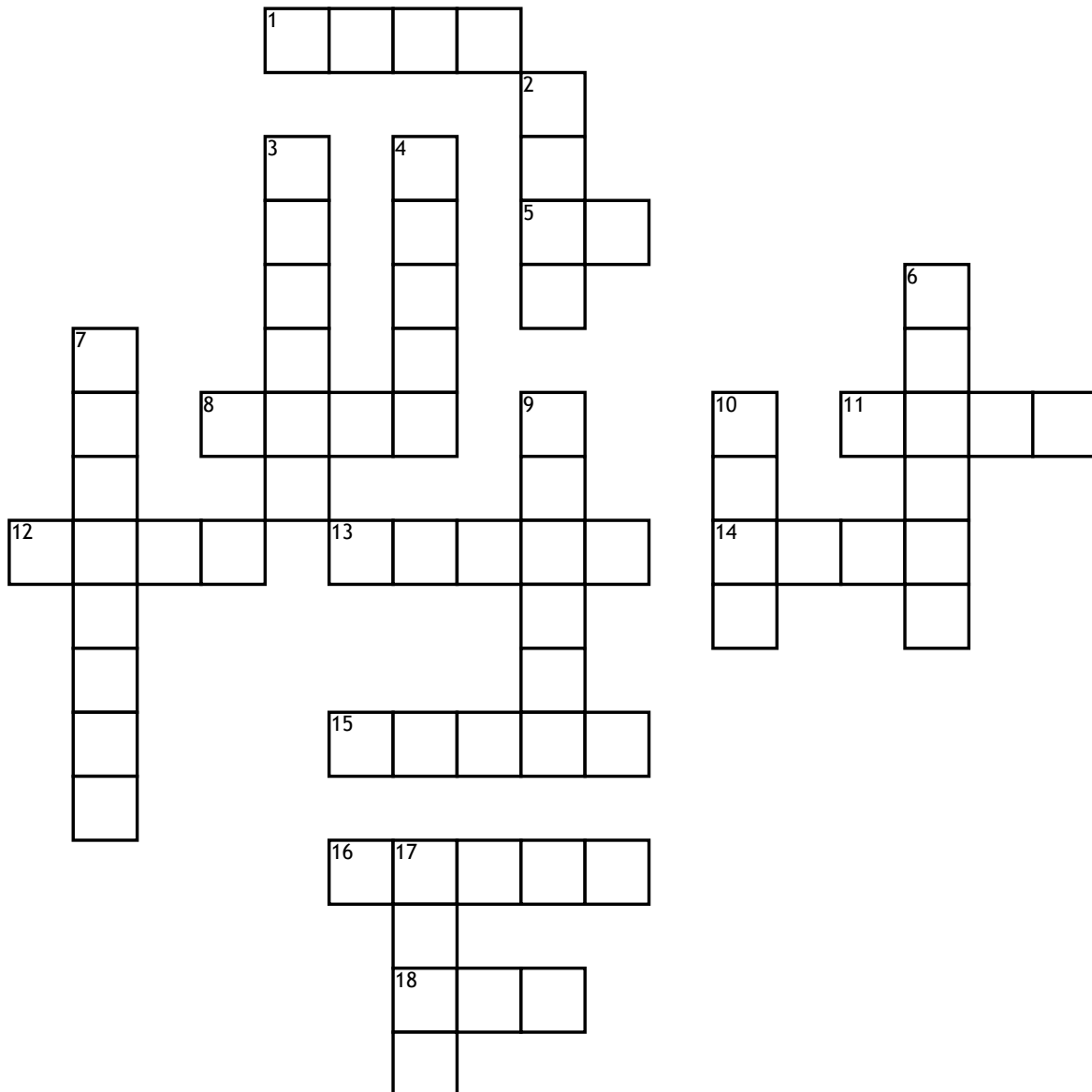


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Der Körper



## Across

- 1. neck
- 5. bottom
- 8. leg
- 11. knee
- 12. foot
- 13. tummy

14. nose

15. teeth

16. ears

18. arm

## Down

2. head

3. body

4. toes

6. fingers

7. shoulders

9. back

10. mouth

17. hair