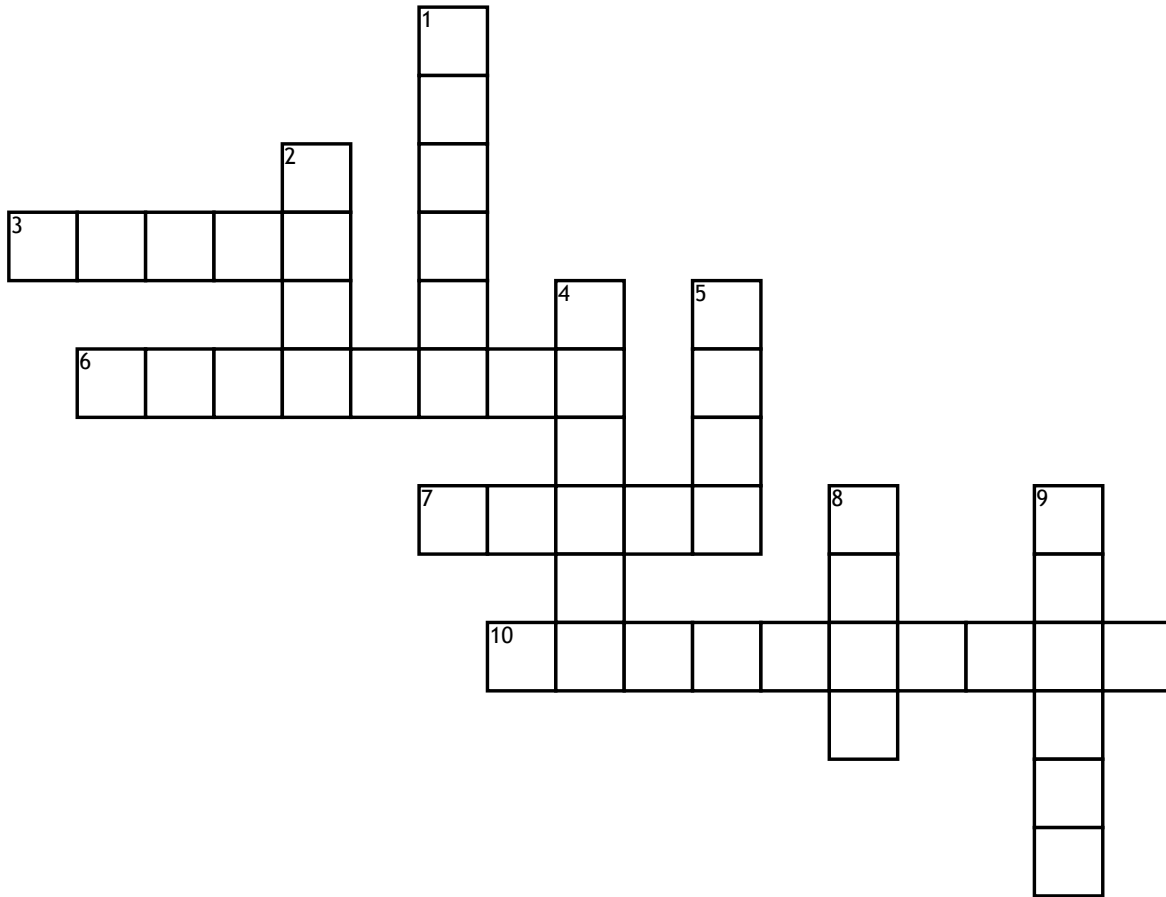


Name: _____

Date: _____

El Cuello



Across

- 3. ear
- 6. stomach
- 7. lip
- 10. teeth

Down

- 1. leg
- 2. hand
- 4. shoulder
- 5. finger
- 8. feet
- 9. body