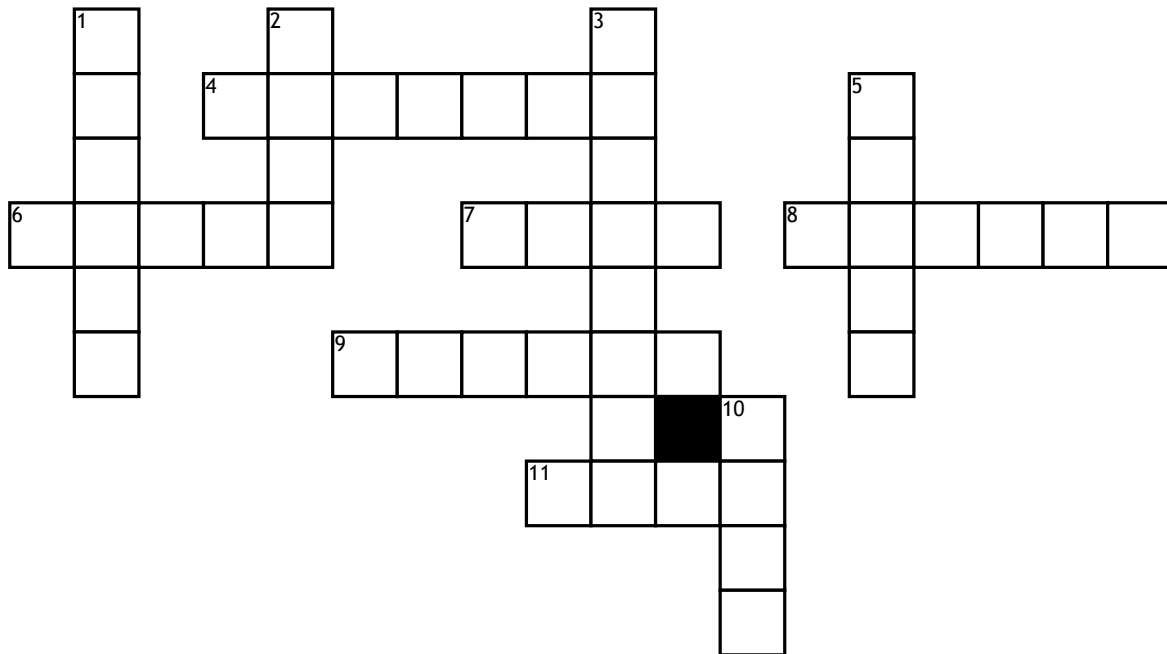


Name: _____

Date: _____

El Cuerpo



Across

- 4. legs
- 6. fingers
- 7. eyes
- 8. arms
- 9. ears
- 11. mouth

Down

- 1. head
- 2. feet
- 3. stomach
- 5. nose
- 10. hand