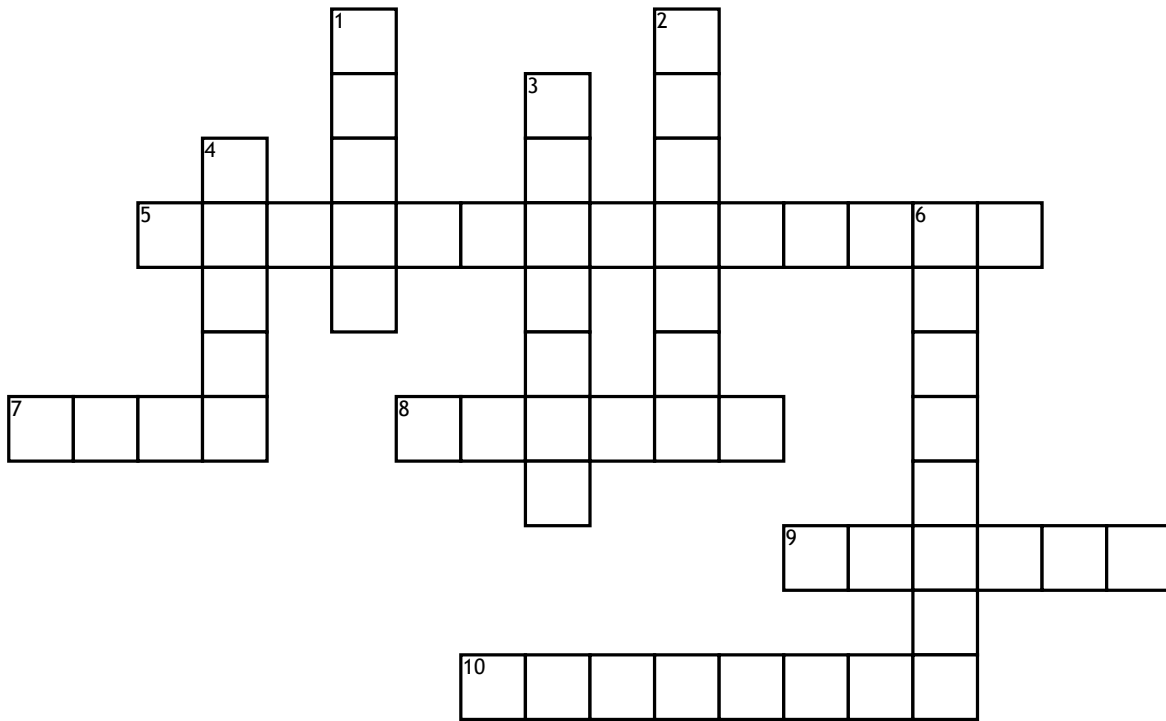


Name: _____

Date: _____

El Cuerpo



Across

- 5. toes
- 7. feet
- 8. arms
- 9. head
- 10. neck

Down

- 1. hands
- 2. torso
- 3. legs
- 4. fingers
- 6. shoulders