

Name: _____

Date: _____

FORGET YOUR PHONE?

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

- | | | | | |
|--------------|-------------|------------|------------|-----------|
| CURLING IRON | CONDITIONER | TOOTHBRUSH | TOOTHPASTE | WASHCLOTH |
| MOUTHWASH | DEODORANT | HAIRBRUSH | BATHROOM | FLATIRON |
| SHAMPOO | BUBBLES | SHAVING | LOOFAH | MAKEUP |
| MIRROR | SHOWER | TOILET | CLEAN | FLOSS |
| FLUSH | RAZOR | RINSE | STINK | TOWEL |
| COMB | SINK | SOAP | WASH | WIPE |