

Name: _____

Date: _____

Forget your phone?

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

TOOTHPASTE

TOILET

FLOSS

WASH

BATHTUB

SHOWER

FLUSH

SOAP

MIRROR

TOWEL

BRUSH

SINK