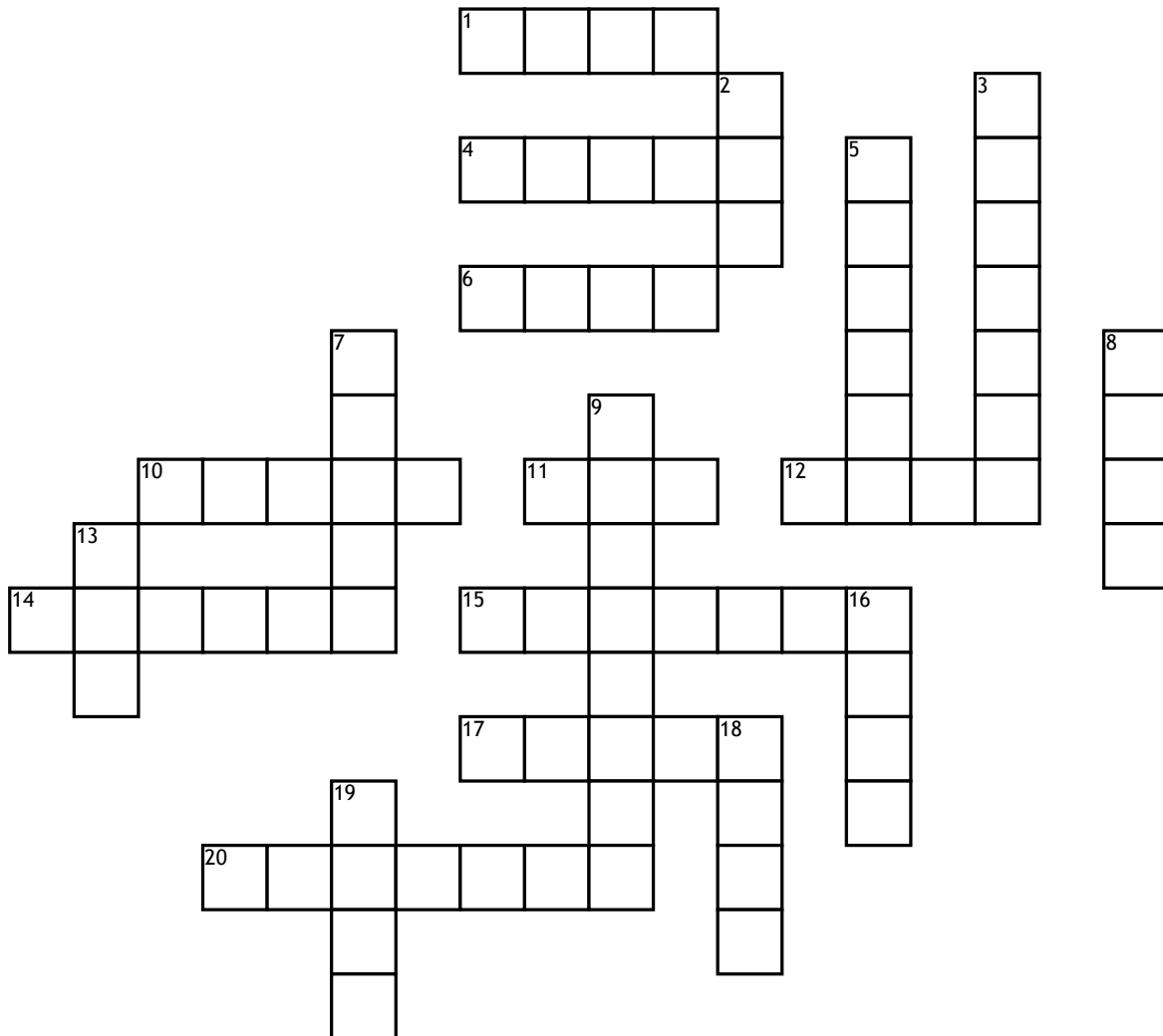


Name: _____

Date: _____

French



Across

- 1. Arm
- 4. Leg
- 6. Hand
- 10. Lip
- 11. Neck
- 12. Eyes
- 14. Face

15. Stomach

17. Finger

20. Ear

Down

2. Nose

3. Hair

5. Mouth

7. Throat

8. Foot

9. Chest

13. Eye

16. Heart

18. Head

19. Tooth