

Name: _____

Date: _____

Having a Shower

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

private parts
cleanser
hands
rinse
wash

conditioner
shampoo
nails
water
soap

shower gel
lather
scrub
face

underarms
clean
towel
toes