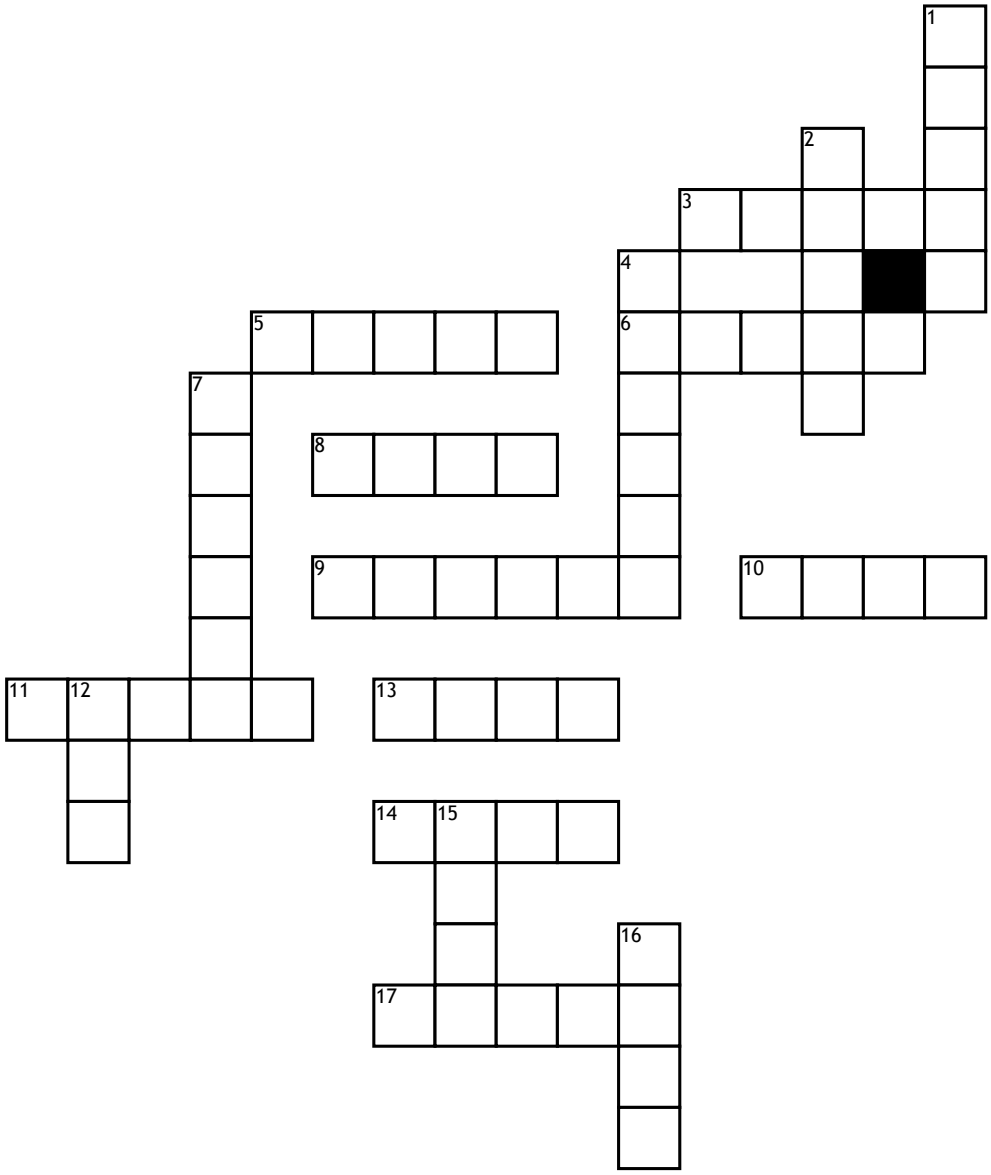
Name: _____ Date: _____

Körperteile



Across

3. teeth
5. stomach
6. eyes
8. head
9. back
10. mouth
11. hair
13. foot
14. knee
17. legs

Down

1. toes
2. ears
4. thumb
7. finger
12. arm
15. nose
16. heart