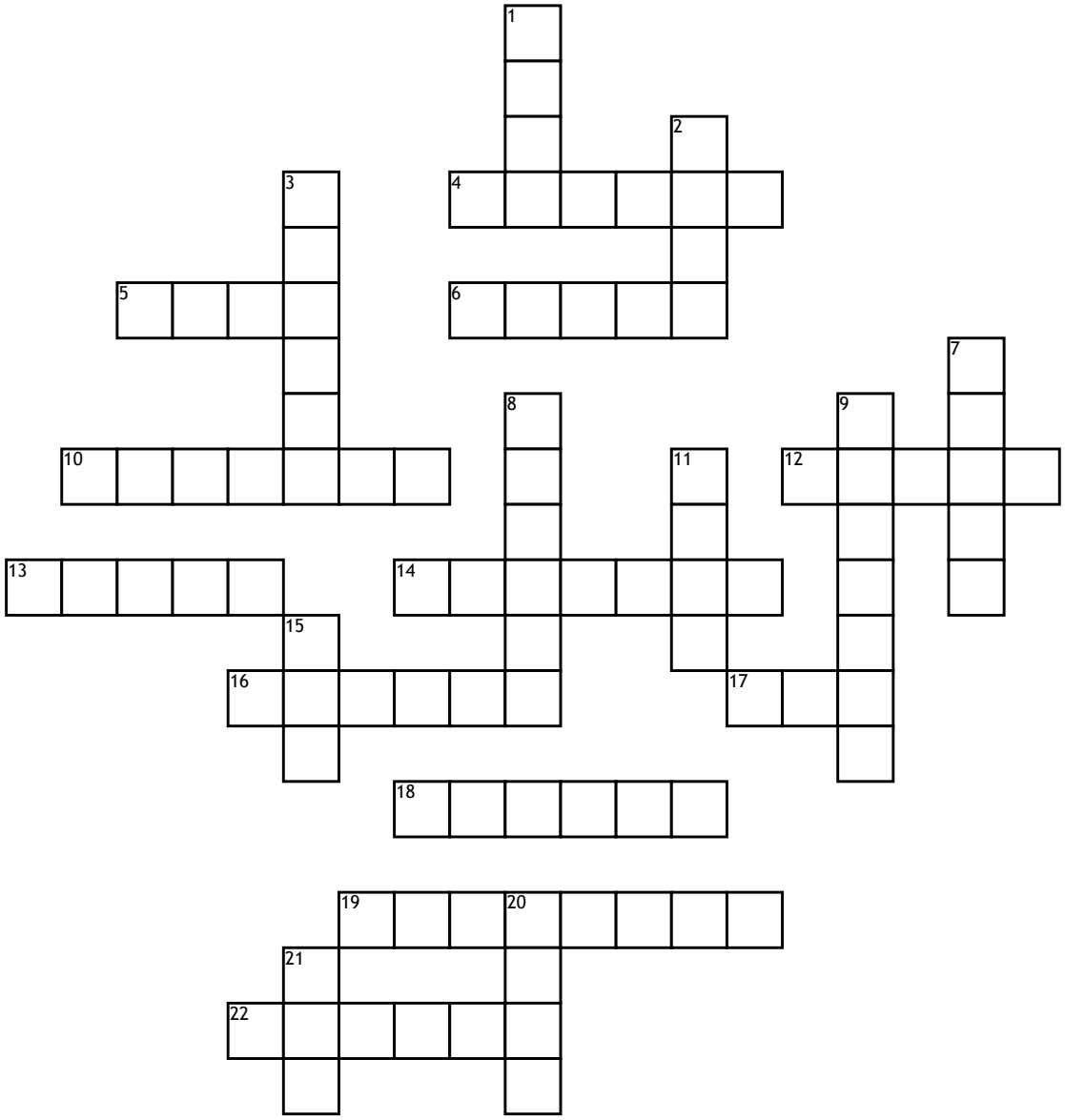
Name: _____ Date: _____

Le Corps



Across

4. Chin
5. Arm
6. Elbow
10. Hair
12. Forehead
13. Leg
14. Eyebrow
16. Stomach
17. Eye
18. Fingers
19. Eyelid
22. Mouth

Down

1. Head
2. Cheek
3. Face
7. Knee
8. Shoulder
9. Ear
11. Hand
15. Nose
20. Foot
21. Neck