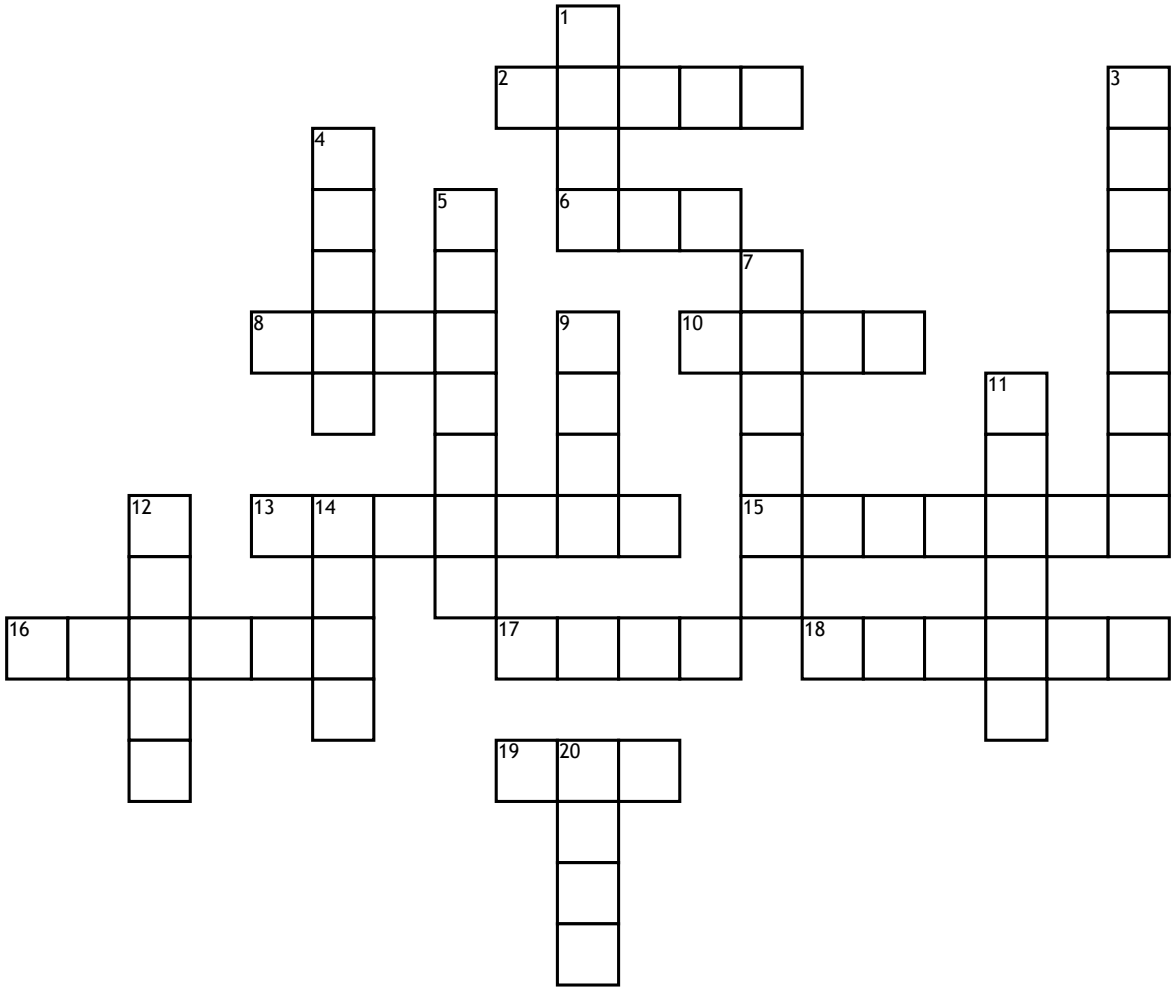
Name: _____ Date: _____

Le Corps



Across

2. leg
6. nose
8. cheek
10. eyes
13. shoulders
15. toes
16. mouth
17. arm
18. stomach
19. neck

Down

1. hand
3. ears
4. knee
5. hair
7. chin
9. head
11. fingers
12. elbow
14. foot
20. eye