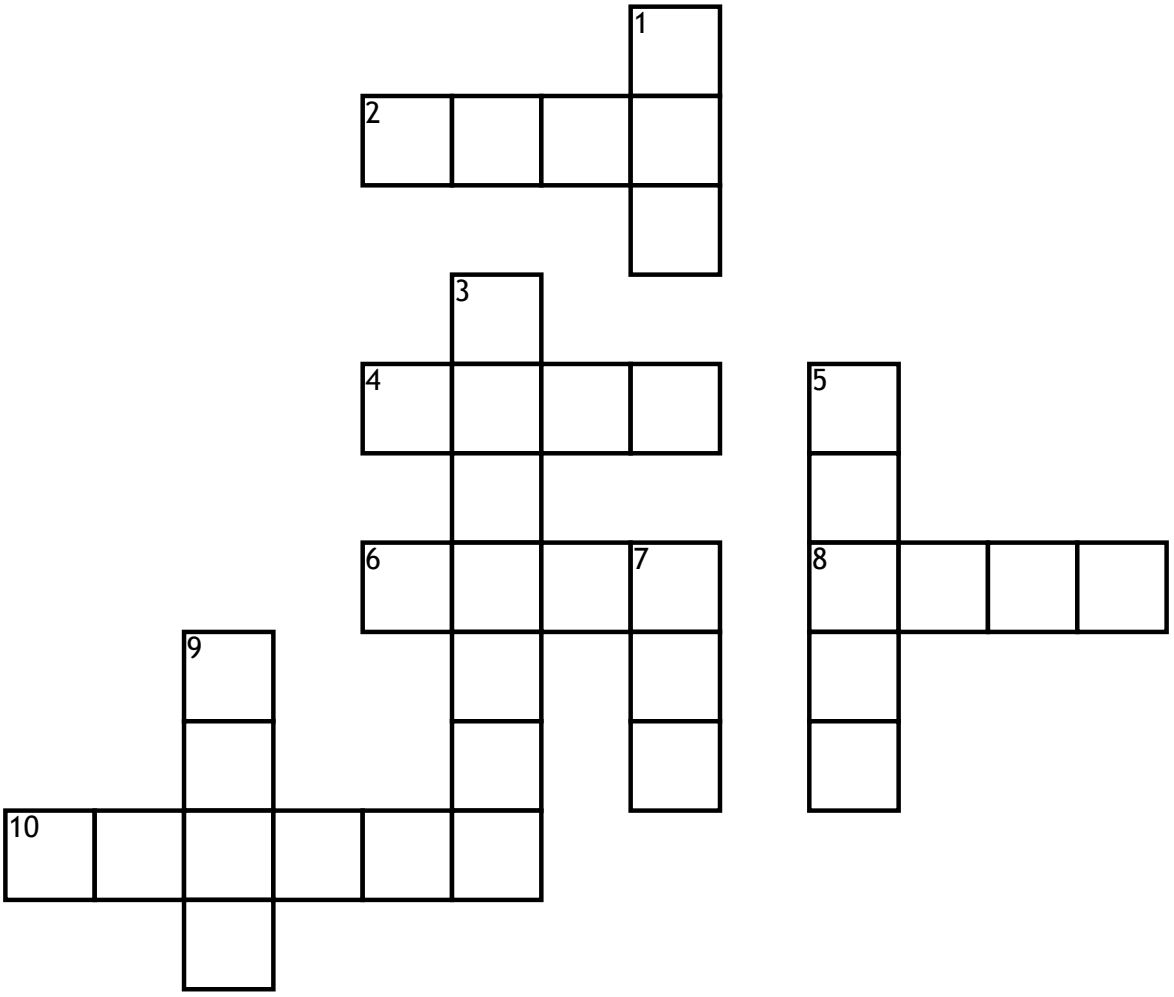
Name: _____ Date: _____

Le Corps



Across

2. head
4. arm
6. foot
8. hand
10. mouth

Down

1. nose
3. ear
5. leg
7. back
9. eyes

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