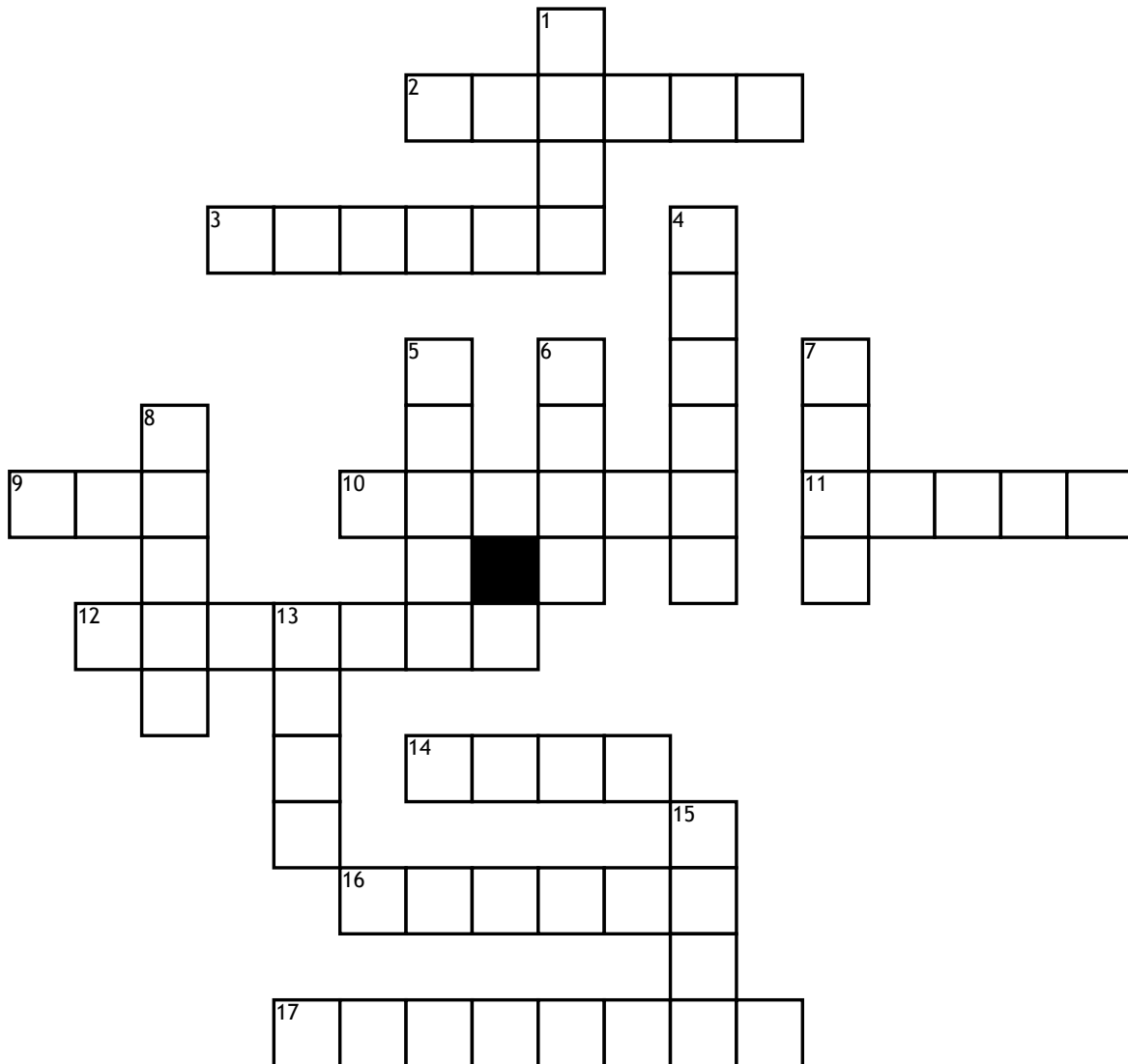


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Mi Cuerpo



## Across

- 2. ears
- 3. neck
- 9. foot
- 10. head
- 11. nose
- 12. shoulders

14. eyes

16. leg

17. knees

## Down

- 1. hair
- 4. thumb
- 5. arm

6. skin

7. hand

8. toes

13. mouth

15. face