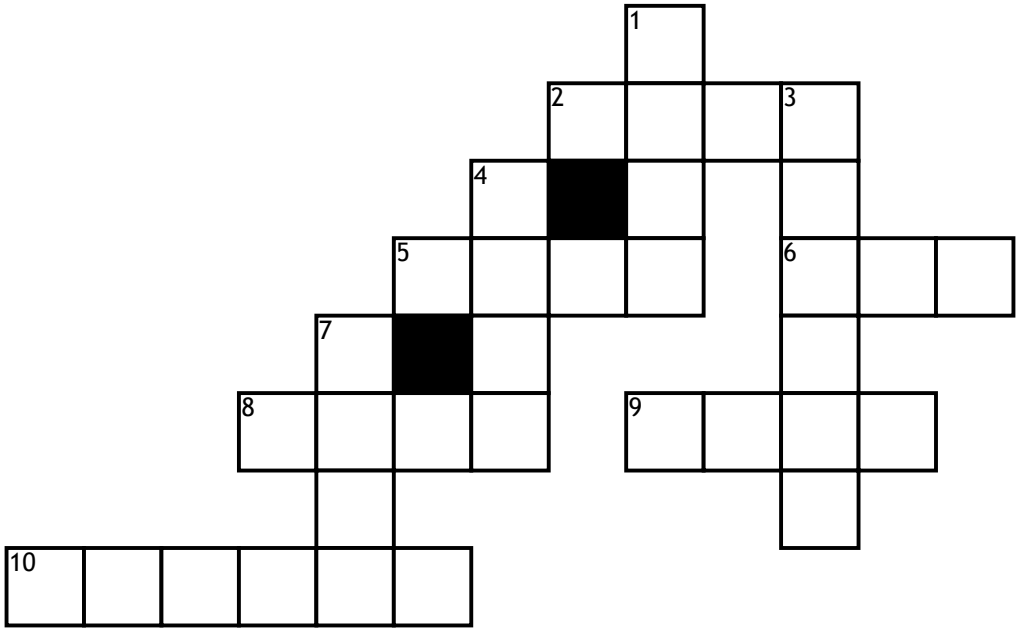
Name: _____ Date: _____

My liggaam



Across

2. neus
5. toon
6. oog
8. hand
9. voet
10. vinger

Down

1. been
3. skouer
4. mond
7. hare