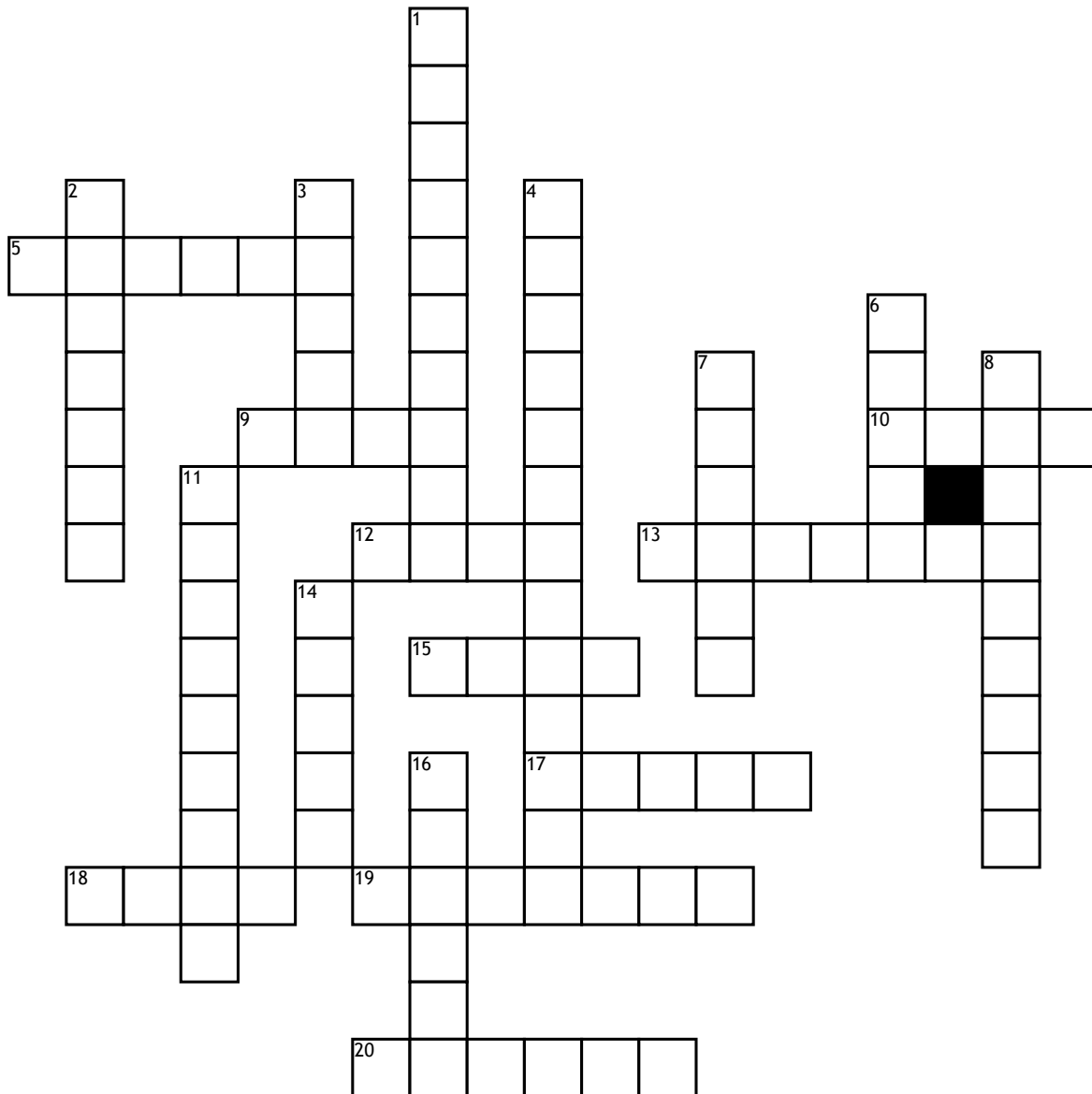


Name: _____

Date: _____

Spanish



Across

- 5. Neck
- 9. Face
- 10. Mouth
- 12. Hand
- 13. Turn
- 15. Elbow
- 17. Chest

18. Side

19. Right

20. Head

Down

1. Pregnant

2. Take off

3. Put

4. Toes

6. Bend

7. X-rays

8. Lie down

11. Left

14. Arm

16. Leg