

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

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

# THE BODY

H A I R F O O T Q O

Z L U K H E A D X Z

L E Y P I M O U T H

N G F Q P K E A R S

O Q I H E M R A B T

S C N A L V C W Q O

E T G N B Y H B K M

E O E D O N A A N A

Y F R N W E T C E C

E V U A R M S K E H

STOMACH

FINGER

ELBOW

MOUTH

BACK

FOOT

HAIR

HAND

HEAD

KNEE

NOSE

ARM

EAR

EYE

LEG