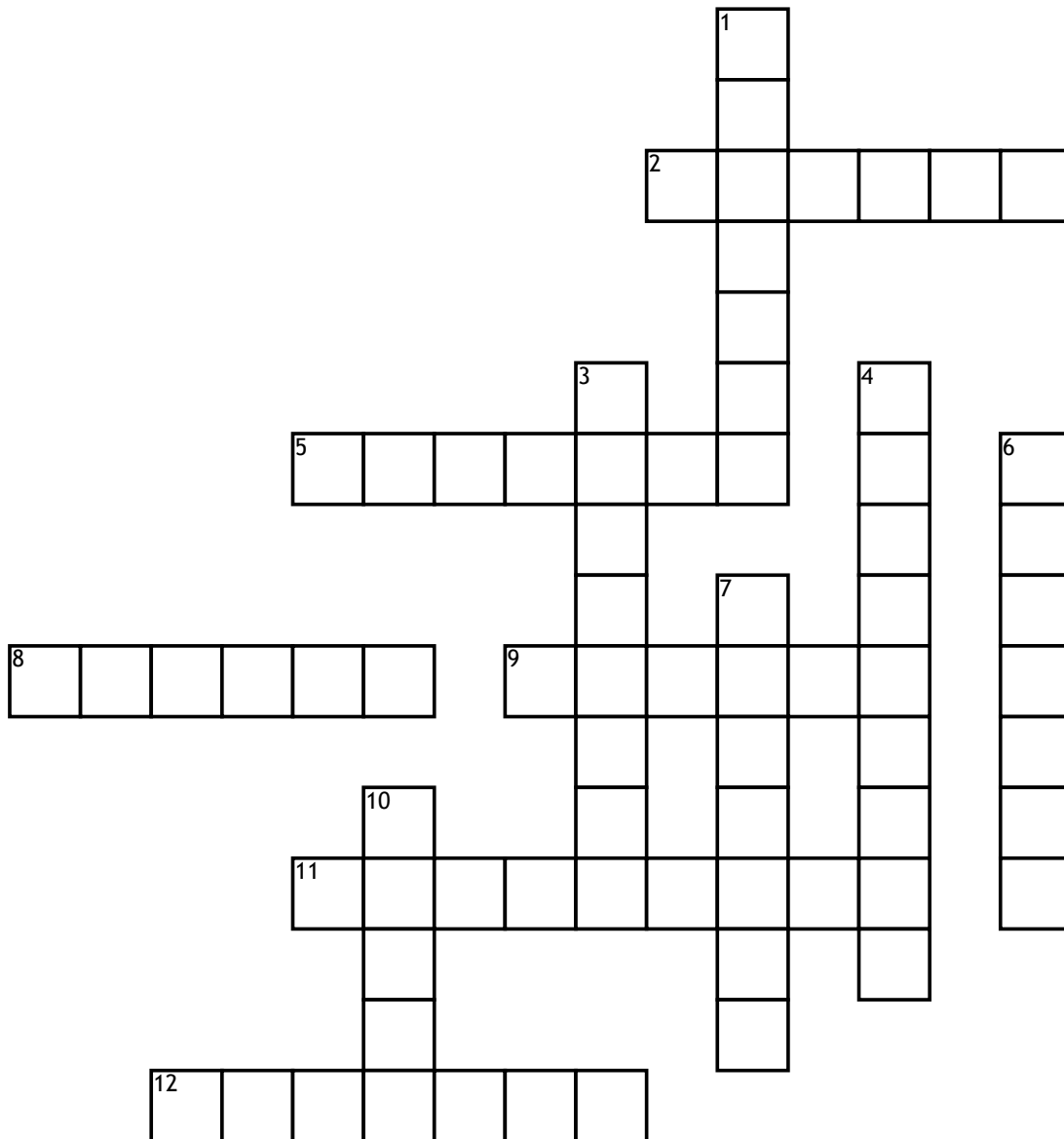


Name: \_\_\_\_\_

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

# Your Bones



## Across

- 2. One of lower arm bones
- 5. knee cap
- 8. hip bone
- 9. One of lower leg bones
- 11. back bones

12. breast bone

## Down

- 1. Shoulder bone
- 3. Collar bone
- 4. Long finger bones

- 6. Smallest bone in human body
- 7. upper arm bone
- 10. Upper leg bone