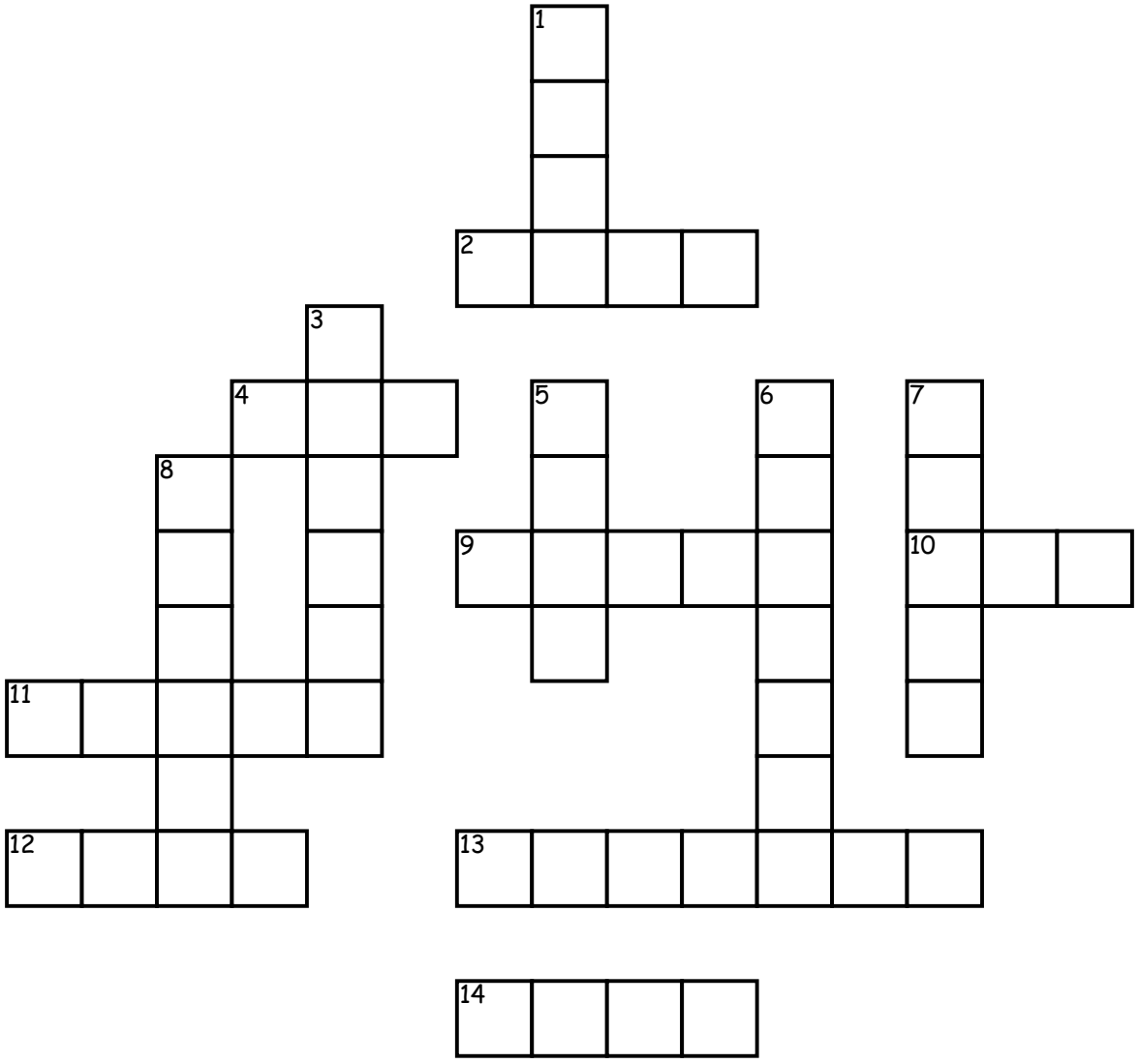
Name: _____ Date: _____

le corps



Across

2. eyes
4. back
9. leg
10. nose
11. elbow
12. foot
13. hair
14. hand

Down

1. head
3. mouth
5. arm
6. ear
7. knee
8. shoulder