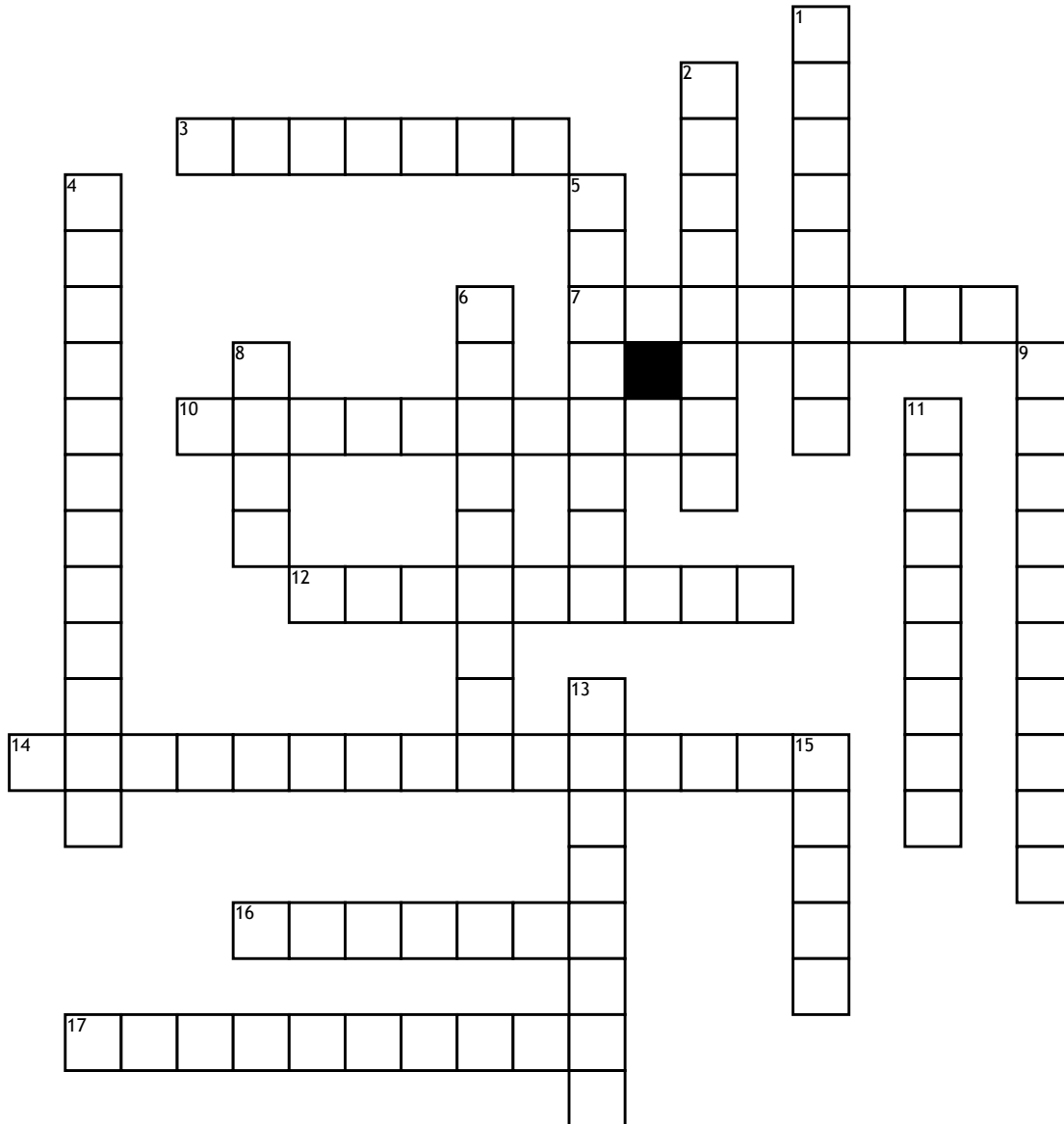


Name: _____

Date: _____

personal items



Across

3. hair gel

7. earrings

10. body lotion

12. hairbrush

14. face
moisturiser

16. perfume

17. aftershave

Down

1. lipstick

2. nose ring

4. shaving
cream

5. eyeliner

6. deodorant

8. comb

9. nail polish

11. necklace

13. bracelet

15. razor