

Name: _____

Date: _____

BODY

V T T O L T I S H J J H T U O M J
H T E E T H O B H T E Y E S Y Z J
S Q Y T R G A O U O N T F R F M M
H R E J N R E P F T U U S A T R K
H L A R B C I O L W U L C E P A C
C T B E X C E A O Q W E D E H B E
H V A T H S Q R H B R H M E X C N
M Z S E O S B Z Z A I A L L R F I
O O E N B E P W F C S N I E W I H
Y K V P Y K M I W K T D P Z E N C
S L L E J H G U H O G T S U L G Q
T Y A Z S E S C E E B U D X K E V
F B C P H A F B L J I L K D N R J
N Y Y P G D K J A W U X E T A F D
R L H R I P C Z O E K L B O D Y S
A Q D T H Y E V P B H C A M O T S
M L A V T Y N S E H S A L E Y E T

teeth	lips	cheeks	eyelashes
eyebrow	calves	thighs	hips
elbow	chest	back	ankle
finger	wrist	shoulder	jaw
chin	eyes	leg	hand
nose	ears	face	neck
hair	arm	stomach	foot
body	mouth	head	