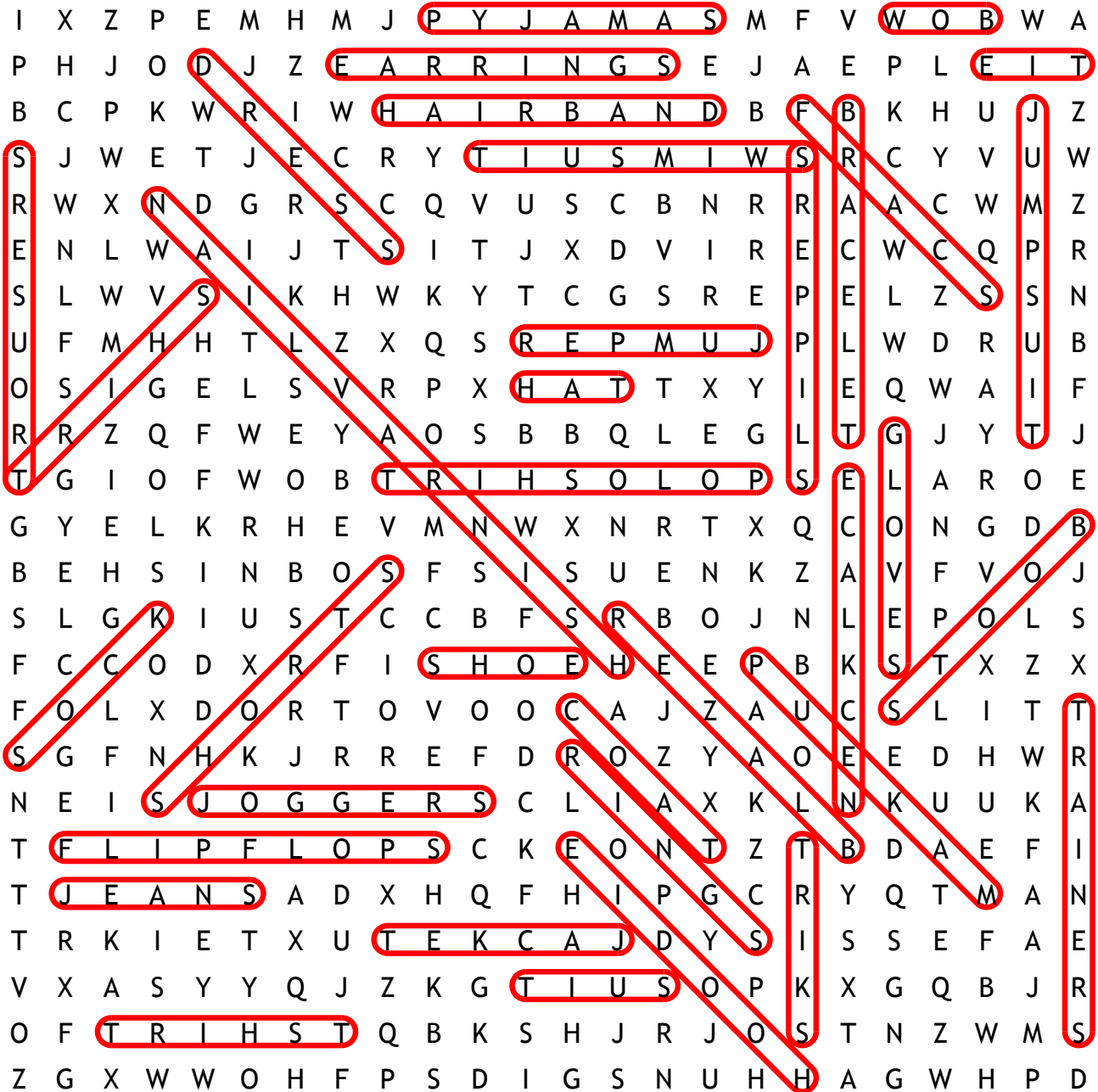


Name: _____

Date: _____

things you wear



- | | | | | | |
|--------------|------------|------------|-----------|-----------|-----------|
| nail varnish | flip flops | polo shirt | ear rings | hair band | swim suit |
| bracelet | jumpsuit | necklace | slippers | trainers | trousers |
| joggers | pyjamas | t-shirt | blazer | gloves | hoodie |
| jacket | jumper | makeup | shorts | boots | dress |
| jeans | rings | scarf | shirt | skirt | coat |
| shoe | sock | suit | bow | hat | tie |