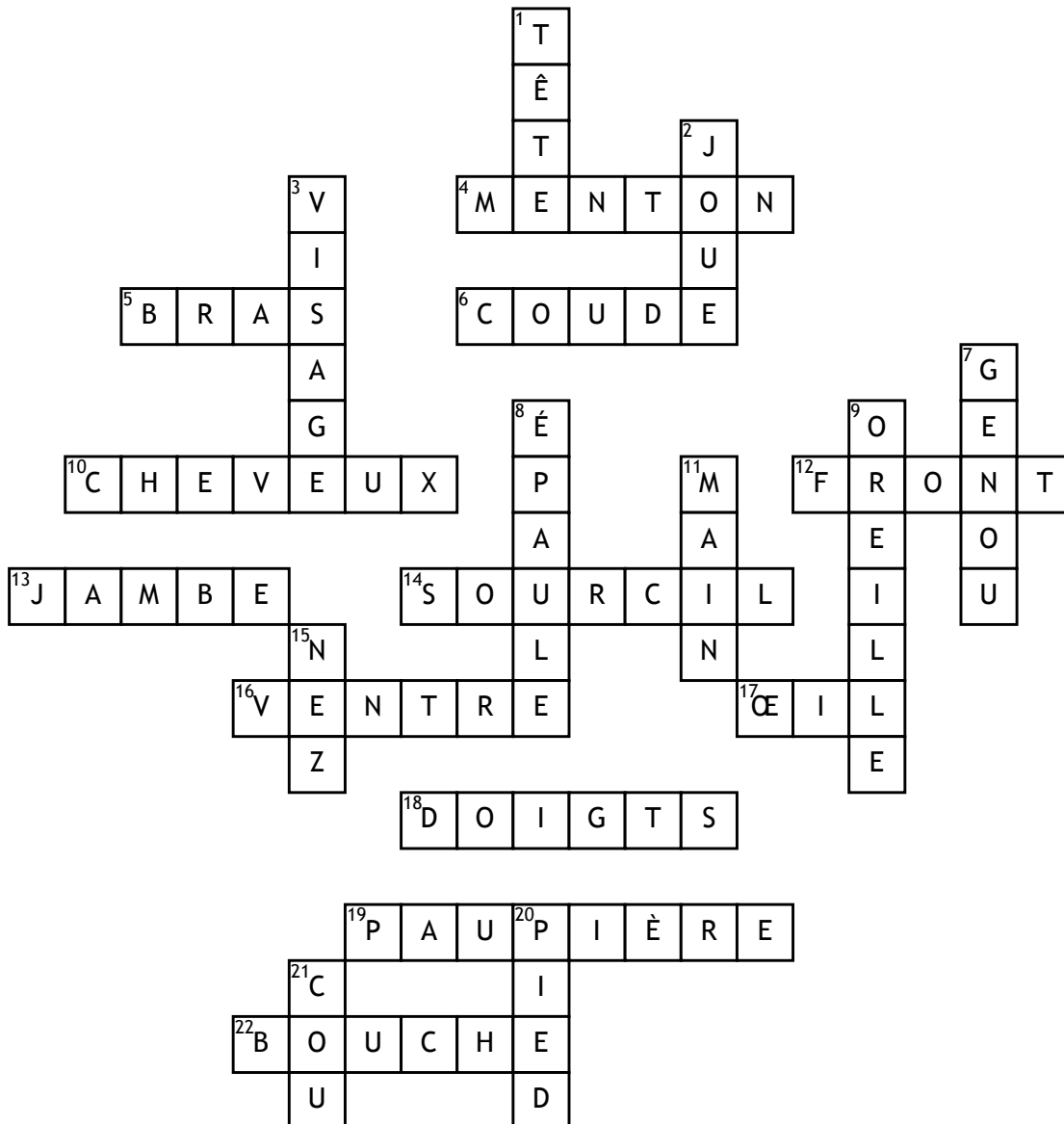


Name: _____

Date: _____

Le Corps



Across

- 4. Chin
- 5. Arm
- 6. Elbow
- 10. Hair
- 12. Forehead
- 13. Leg
- 14. Eyebrow

- 16. Stomach
 - 17. Eye
 - 18. Fingers
 - 19. Eyelid
 - 22. Mouth
- ## Down
- 1. Head
 - 2. Cheek

- 3. Face
- 7. Knee
- 8. Shoulder
- 9. Ear
- 11. Hand
- 15. Nose
- 20. Foot
- 21. Neck