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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Body Parts

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | 5 |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **Across**  **4.** Ears  **8.** Nose  **9.** Leg  **11.** Back  **12.** Elbow  **13.** Foot | **Down**  **1.** Eyes  **2.** Head  **3.** Shoulder  **5.** Knee  **6.** Arm  **7.** Neck  **10.** Mouth |