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

body parts

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | 4 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | 5 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 6 |  |  |  |  |  |  |  |  |  | 7 |  |  |  |
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|  |  |  | 8 | 9 |  |  |  | 10 |  |  |  |  |  |  | 11 |  |  |  |  |
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|  |  |
| --- | --- |
| **Across**  **4.** foot  **6.** mouth  **8.** hand  **10.** finger  **11.** ear  **13.** nose  **15.** knee  **17.** back | **Down**  **1.** tooth  **2.** shoulder  **3.** elbow  **5.** chin  **7.** head  **9.** arm  **12.** toe  **14.** eye  **16.** neck |