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

personal items

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|  |  | 4 |  |  |  |  |  |  |  |  | 5 |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  | 9 |
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|  | 14 |  |  |  |  |  |  |  |  |  |  |  |  |  | 15 |  |  |  |  |
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| **Across****3.** hair gel**7.** earrings**10.** body lotion**12.** hairbrush**14.** face moisturiser**16.** perfume**17.** aftershave | **Down****1.** lipstick**2.** nose ring**4.** shaving cream**5.** eyeliner**6.** deodorant**8.** comb**9.** nail polish**11.** necklace**13.** bracelet**15.** razor |