



Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Body

j	a	c	h	e	s	t	g
s	t	o	m	a	c	h	j
s	h	o	u	l	d	e	r
e	k	f	o	o	t	c	e
l	n	h	h	v	d	s	l
b	e	v	a	e	a	l	e
o	e	p	i	n	a	r	g
w	s	k	c	z	d	d	m

arm  
foot  
knee  
stomach

chest  
hand  
leg

elbow  
head  
shoulder