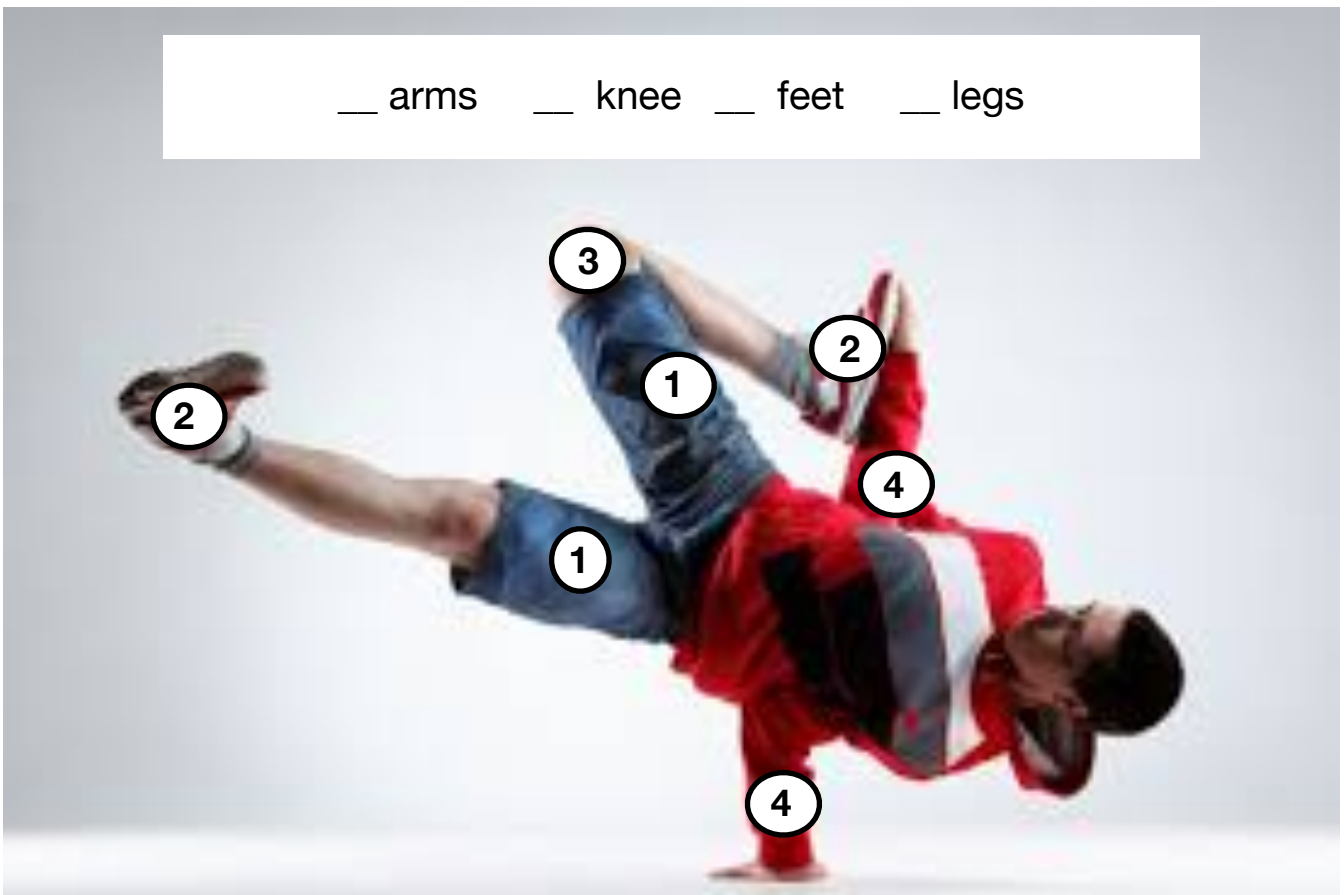




___ shoulder
 ___ foot
 ___ hand
 ___ knee
 ___ hair

___ arms ___ knee ___ feet ___ legs



BODY PARTS

Name _____ Date _____

