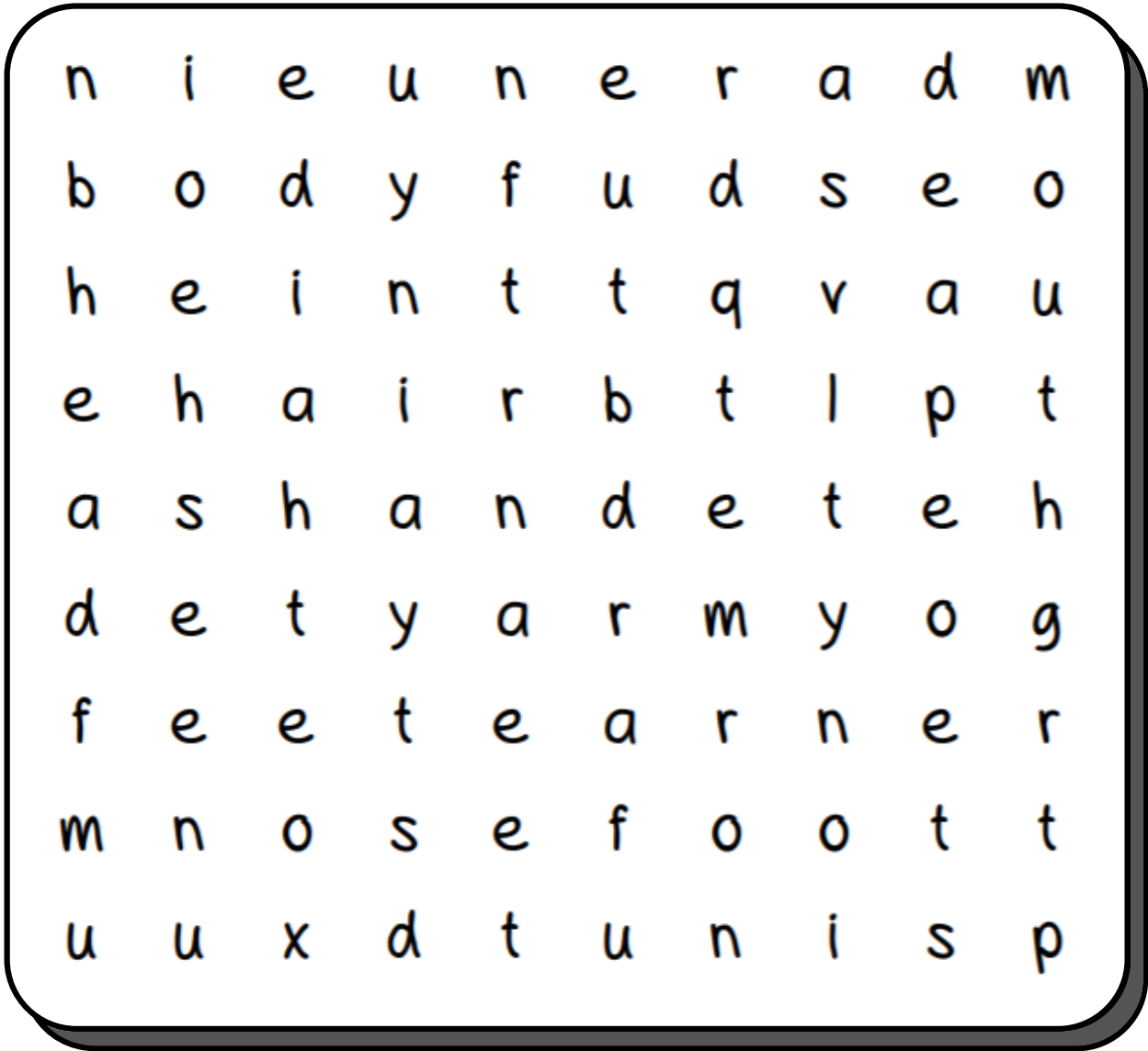


NAME:

DATE:

Body Parts



hand

feet

mouth

arm

eye

hair

leg

ear

body

foot

nose

head