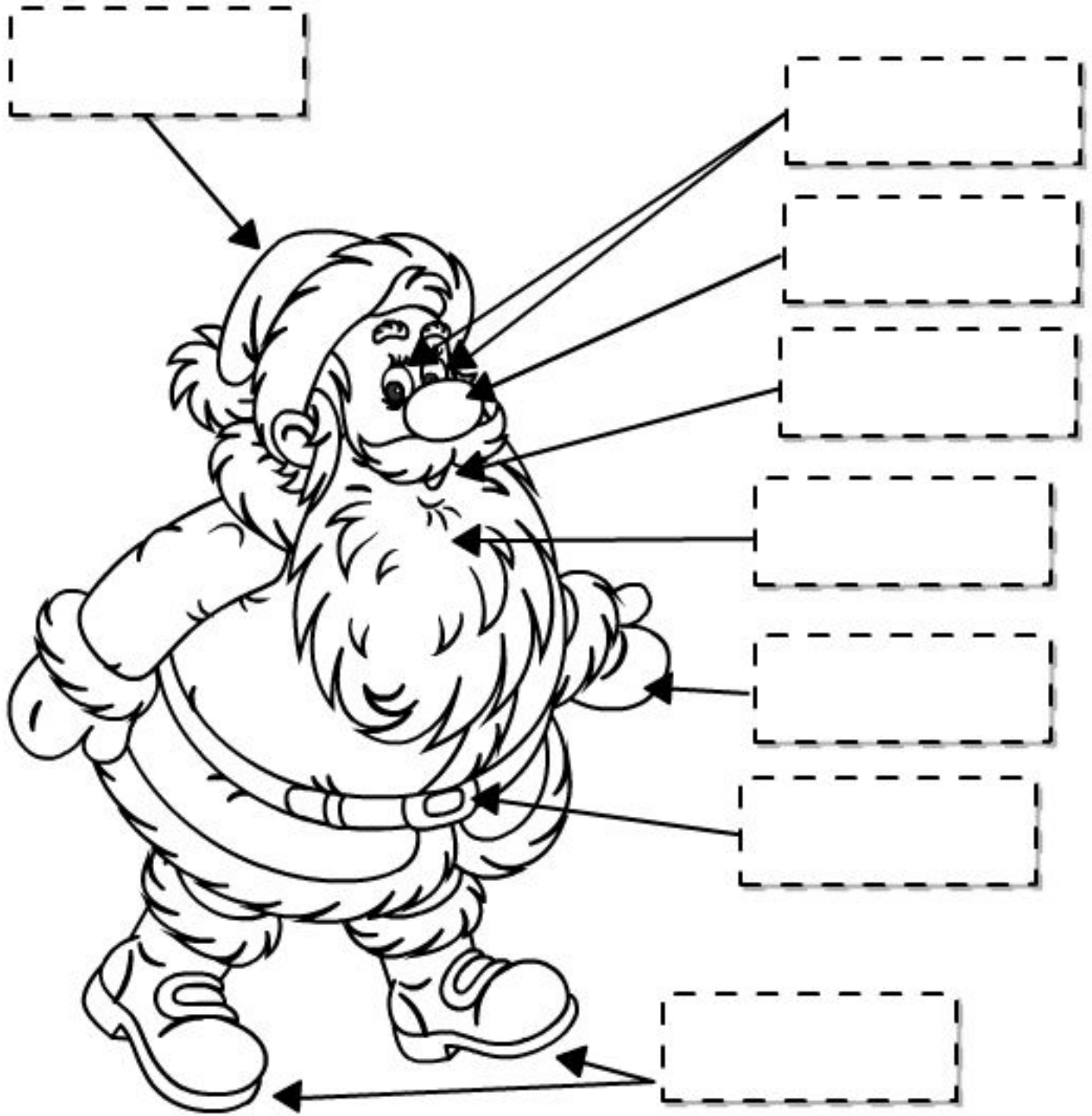


Name: _____

Time: ____ : ____ - ____ : ____ Date: _____



Boots

Beard

Mouth

Hat

Belt

Eyes

Nose

Mitten