

# PACKING CHECKLIST

DESTINATION		DATES	# OF DAYS	# OF NIGHTS
<b>QTY</b>	<b>CLOTHING + SHOES</b>	<b>TOILETRIES</b>	<b>ESSENTIALS</b>	
	DRESS TOPS <input type="checkbox"/>	TOOTHPASTE + TOOTHBRUSH <input type="checkbox"/>	WALLET <input type="checkbox"/>	
	CASUAL TOPS <input type="checkbox"/>	FLOSS + MOUTHWASH <input type="checkbox"/>	ID / PASSPORT / VISA <input type="checkbox"/>	
	TANKS + TEES <input type="checkbox"/>	SHAMPOO + CONDITIONER <input type="checkbox"/>	CASH <input type="checkbox"/>	
	PANTS <input type="checkbox"/>	BRUSH + COMB <input type="checkbox"/>	CREDIT + ATM CARDS <input type="checkbox"/>	
	JEANS <input type="checkbox"/>	HAIR STYLING PRODUCTS <input type="checkbox"/>	INSURANCE CARDS <input type="checkbox"/>	
	SHORTS <input type="checkbox"/>	HAIR STYLING APPLIANCES <input type="checkbox"/>	CELL PHONE <input type="checkbox"/>	
	SKIRTS <input type="checkbox"/>	HAIR ACCESSORIES + BANDS <input type="checkbox"/>	CELL PHONE CHARGER <input type="checkbox"/>	
	DRESSES + SUITS <input type="checkbox"/>	SOAP / BODY WASH <input type="checkbox"/>	BOARDING PASS, TICKETS, ETC. <input type="checkbox"/>	
	BRAS <input type="checkbox"/>	FACIAL CLEANSER <input type="checkbox"/>	HOUSE KEYS <input type="checkbox"/>	
	UNDERWEAR <input type="checkbox"/>	FACIAL MOISTURIZER <input type="checkbox"/>	EYEGLASSES <input type="checkbox"/>	
	SOCKS, TIGHTS, ETC. <input type="checkbox"/>	BODY LOTION <input type="checkbox"/>	SUNGLASSES <input type="checkbox"/>	
	EXERCISE CLOTHING <input type="checkbox"/>	EAR SWABS + COTTON BALLS <input type="checkbox"/>	OTHER: <input type="checkbox"/>	
	SLEEPWEAR <input type="checkbox"/>	COSMETICS + MAKEUP BRUSHES <input type="checkbox"/>	<input type="checkbox"/>	
	SWIMSUITS <input type="checkbox"/>	DEODORANT <input type="checkbox"/>	<input type="checkbox"/>	
	SWIM COVER-UPS <input type="checkbox"/>	PERFUME / COLOGNE <input type="checkbox"/>	<input type="checkbox"/>	
	SWEATERS + SWEATSHIRTS <input type="checkbox"/>	CONTACT LENSES + SOLUTION <input type="checkbox"/>	<input type="checkbox"/>	
	COATS, JACKETS + RAINWEAR <input type="checkbox"/>	SHAVING SUPPLIES <input type="checkbox"/>	<input type="checkbox"/>	
	DRESS SHOES <input type="checkbox"/>	FEMININE PRODUCTS <input type="checkbox"/>	<b>CARRY ON</b>	
	CASUAL SHOES <input type="checkbox"/>	NAIL FILE, CLIPPERS + TWEEZERS <input type="checkbox"/>	ELECTRONICS <input type="checkbox"/>	
	SANDALS + FLIP FLOPS <input type="checkbox"/>	HAND SANITIZER <input type="checkbox"/>	ELECTRONICS CHARGERS <input type="checkbox"/>	
	ATHLETIC SHOES <input type="checkbox"/>	FIRST-AID SUPPLIES <input type="checkbox"/>	EARBUDS + HEADPHONES <input type="checkbox"/>	
	BOOTS <input type="checkbox"/>	MEDICATIONS + PAIN RELIEVERS <input type="checkbox"/>	READING MATERIAL <input type="checkbox"/>	
	OTHER: <input type="checkbox"/>	VITAMINS + SUPPLEMENTS <input type="checkbox"/>	PEN + PAPER <input type="checkbox"/>	
	<input type="checkbox"/>	SUNSCREEN + INSECT REPELLANT <input type="checkbox"/>	SNACKS, MINTS + GUM <input type="checkbox"/>	
	<input type="checkbox"/>	VOLTAGE ADAPTER <input type="checkbox"/>	SWEATER <input type="checkbox"/>	
	<input type="checkbox"/>	OTHER: <input type="checkbox"/>	TRAVEL PILLOW <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	EMPTY WATER BOTTLE <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	VALUABLES (SUCH AS JEWELRY) <input type="checkbox"/>	
<b>ACCESSORIES</b>		<b>MISCELLANEOUS</b>	CAMERA, ETC. <input type="checkbox"/>	
JEWELRY + WATCH <input type="checkbox"/>		<input type="checkbox"/>	EXTRA SET OF CLOTHES <input type="checkbox"/>	
BELT(S) <input type="checkbox"/>		<input type="checkbox"/>	HAND SANITIZER / WIPES <input type="checkbox"/>	
HATS, GLOVES + SCARVES <input type="checkbox"/>		<input type="checkbox"/>	OTHER: <input type="checkbox"/>	
PURSES + HANDBAGS <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
POOL OR BEACH BAG <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
LAUNDRY BAG <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
UMBRELLA <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
OTHER: <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

DAY DESIGNER