

PACKING LIST

CLOTHING

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|---|--|
| <input type="checkbox"/> SWEATPANTS (3) | <input type="checkbox"/> SOCKS & UNDERWEAR (6) |
| <input type="checkbox"/> SWEATSHIRTS (3) | <input type="checkbox"/> PAJAMAS |
| <input type="checkbox"/> PANTS/JEANS/LEGGINGS (3) | <input type="checkbox"/> COMFORTABLE SHOES |
| <input type="checkbox"/> T-SHIRTS/TANK TOPS (6) | <input type="checkbox"/> BATHING SUIT |
| <input type="checkbox"/> SHORTS (4-6) | <input type="checkbox"/> LIGHT JACKET |

SLEEPING

- | | |
|--|------------------------------------|
| <input type="checkbox"/> TWIN XL SHEETS & BLANKET OR | <input type="checkbox"/> PILLOW |
| <input type="checkbox"/> SLEEPING BAG | <input type="checkbox"/> EAR PLUGS |

TOILETRIES

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| <input type="checkbox"/> SHAMPOO/CONDITIONER | <input type="checkbox"/> TOOTHBRUSH |
| <input type="checkbox"/> BODY/FACE WASH | <input type="checkbox"/> TOOTHPASTE |
| <input type="checkbox"/> COMB/BRUSH | <input type="checkbox"/> TOWEL(S)/WASHCLOTH/LOOFAH |
| <input type="checkbox"/> CONTACT SOLUTION/EYEGLOSS CLEANER | <input type="checkbox"/> DEODORANT |
| <input type="checkbox"/> FEMININE PRODUCTS | <input type="checkbox"/> LOTION |

MISCELLANEOUS

- | | |
|---|--|
| <input type="checkbox"/> HAT | <input type="checkbox"/> FLASHLIGHT |
| <input type="checkbox"/> WATER BOTTLE | <input type="checkbox"/> BACKPACK |
| <input type="checkbox"/> CHAPSTICK | <input type="checkbox"/> SUNGLASSES |
| <input type="checkbox"/> PERSONAL COMFORT ITEM(S) | <input type="checkbox"/> FLIP FLOPS/SHOWER SHOES |
| <input type="checkbox"/> COSMETICS | <input type="checkbox"/> SUNSCREEN |

MEDICATIONS

- | | |
|--|--|
| <input type="checkbox"/> 7 DAYS' WORTH | <input type="checkbox"/> COMPLETED MEDICATION FORM |
| <input type="checkbox"/> ORIGINAL BOTTLE | <input type="checkbox"/> COPY OF PHYSICAL UPLOADED/EMAILED |

AMOUNTS IN () ARE ONLY SUGGESTIONS