

# Packing Checklist

<b>Clothing</b>		
<u>Got it!</u>	<u>Item Description</u>	<u># Needed</u>
<input type="checkbox"/>	Accessories	<input type="text"/>
<input type="checkbox"/>	Belt	<input type="text"/>
<input type="checkbox"/>	Coat/Jacket	<input type="text"/>
<input type="checkbox"/>	Dress Pants/Dress	<input type="text"/>
<input type="checkbox"/>	Pants	<input type="text"/>
<input type="checkbox"/>	Shirts (Long-Sleeved)	<input type="text"/>
<input type="checkbox"/>	Shirts (Short-Sleeved)	<input type="text"/>
<input type="checkbox"/>	Shoes	<input type="text"/>
<input type="checkbox"/>	Shorts/Capris	<input type="text"/>
<input type="checkbox"/>	Socks	<input type="text"/>
<input type="checkbox"/>	Sweatshirts	<input type="text"/>
<input type="checkbox"/>	Underwear	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>

<b>Toiletries</b>		
<u>Got it!</u>	<u>Item Description</u>	<u># Needed</u>
<input type="checkbox"/>	Body Wash	<input type="text"/>
<input type="checkbox"/>	Curling/Flat Iron	<input type="text"/>
<input type="checkbox"/>	Deoderant	<input type="text"/>
<input type="checkbox"/>	Facial Cleaner	<input type="text"/>
<input type="checkbox"/>	Hair Dryer	<input type="text"/>
<input type="checkbox"/>	Hair Products	<input type="text"/>
<input type="checkbox"/>	Makeup	<input type="text"/>
<input type="checkbox"/>	Personal Products	<input type="text"/>
<input type="checkbox"/>	Razor	<input type="text"/>
<input type="checkbox"/>	Shampoo	<input type="text"/>
<input type="checkbox"/>	Soap	<input type="text"/>
<input type="checkbox"/>	Towel	<input type="text"/>
<input type="checkbox"/>	Washcloth	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>
<input type="checkbox"/>	Other _____	<input type="text"/>