



Name

Item	#	Item	#	Item	#	Item	#
<input type="checkbox"/> Suitcase		<input type="checkbox"/> Shirts		<input type="checkbox"/> Shorts		<input type="checkbox"/> Shoes	
<input type="checkbox"/> Underwear		<input type="checkbox"/> Undershirt		<input type="checkbox"/> Socks		<input type="checkbox"/> Books	
<input type="checkbox"/> Swim Gear		<input type="checkbox"/> Pants		<input type="checkbox"/> Dresses		<input type="checkbox"/> Toys	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

