



LET'S GO ON A TRIP! PACKING LIST

TRIP DATES: ____ / ____ / ____ TO ____ / ____ / ____
 DESTINATION: _____ # DAYS: _____ # NIGHTS: _____
 # OF TRAVELERS: _____ WEATHER: HOT COOL WILD

TRAVELER: _____ NAME: _____

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

TOILETRIES

- ADULTS**
- Shampoo & conditioner
 - Shower gel, body puff
 - Aftershave, shaving gel
 - Facial scrub
 - Toothbrush & paste
 - Mouthwash, floss picks
 - Ear swabs, cotton balls
 - Deodorant, body spray
 - Body lotion, sunscreen
 - Facial moisturizer
 - Contacts & lens case
 - Saline, eye drops
 - Hair brush, comb
 - Feminine hygiene prod.
 - Cologne, perfume
 - _____
 - _____

CHILDREN

- 2-in-1 Shampooed.
- Bubble bath, body wash
- Toothbrush & paste
- Baby lotion, powder
- Training pants
- Baby wipes
- _____
- _____

BEAUTY/MAKEUP

- Blow dryer, flat iron
- Hair styling products
- Hair ties, barettes, etc.
- Makeup remover
- Foundation, primer
- Cosmetics & brushes
- _____
- _____

SNACKS

- _____
- _____
- _____
- _____
- _____

MEDICAL/HEALTH

- Prescriptions
- Pain reliever
- Allergy medication
- Vitamins, supplements
- Cold, flu medication
- Throat, cough drops
- Band aids, first aid kit
- Lip balm, chapstick
- Hand cream
- Anti-bacterial wipes
- Hand sanitizer
- Liquid hand soap
- Facial tissues
- Contact lens fluid/wipes
- _____
- _____

ELECTRONICS

- Cellphone & charger
- iPod/iPad & charger
- iPad/palm/i & charger
- Camera & charger
- Screen cleaning wipes
- Batteries
- Portable DVD player
- DVD movies
- _____
- _____

KIDS/ENTERTAIN

- Crayons, markers
- Coloring books, paper
- Books, magazines
- _____
- _____

MISC/EXTRAS

- _____
- _____
- _____
- _____
- _____

PAGE _____ OF _____ © 2011 Aerflo, outerness!



LET'S GO ON A TRIP! PACKING LIST

PAGE _____ OF _____ © Aerflo, outerness!

TRAVELER: _____ NAME: _____

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

TRAVELER: _____ NAME: _____

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

DAY # _____

| DAY TIME | EVENING |
|---|---|
| <input type="checkbox"/> Top | <input type="checkbox"/> Top |
| <input type="checkbox"/> Bottom | <input type="checkbox"/> Bottom |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Shoes, socks | <input type="checkbox"/> Shoes, socks |
| <input type="checkbox"/> Jewelry, accessories | <input type="checkbox"/> Jewelry, accessories |
| _____ | _____ |

PAGE _____ OF _____ © 2011 Aerflo, outerness!