



# 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/cleaner/wipes
- \_\_\_\_\_
- \_\_\_\_\_

## ELECTRONICS

- Cellphone & charger
- iPod/i & charger
- iPad/pablet & 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!