

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Page Break Preview Custom Views Full Screen

Workbook Views

Ruler Formula Bar

Gridlines Headings

Message Bar

Show/Hide

Zoom 100% Zoom to Selection New Window

Zoom

O9 Page Break Preview

View a preview of where pages will break when this document is printed.

	A	B	G	H	I	J	K	L	M	N
1	Name:									
2	<input type="checkbox"/>	DAYS OFF								
3	<input type="checkbox"/>	HOT VAC								
4										
5	CLOTHES, etc		NECESSITIES							
7	<input type="checkbox"/>	shirt	<input type="checkbox"/>	ID / passport						
9	<input type="checkbox"/>	long sleeve	<input type="checkbox"/>	membership cards / gift cards / coupons						
11	<input type="checkbox"/>	short sleeve	<input type="checkbox"/>	reservation confirmations / itinerary						
13	<input type="checkbox"/>	0 pants	<input type="checkbox"/>	insurance information						
15	<input type="checkbox"/>	shorts	<input type="checkbox"/>	money (cash, credit card, travelers checks)						
17	<input type="checkbox"/>	socks/shorts	<input type="checkbox"/>	tickets for events / activities						
19	<input type="checkbox"/>	underwear (+ bras)	<input type="checkbox"/>	copies of ID/passport/credit cards						
21	<input type="checkbox"/>	socks	<input type="checkbox"/>	day bag / tote						
23	<input type="checkbox"/>	dress outfit (+ shoes)	<input type="checkbox"/>							
25	<input type="checkbox"/>	pyjamas	MEDICAL, etc							
27	<input type="checkbox"/>	slippers	<input type="checkbox"/>	pain reliever						
29	<input type="checkbox"/>	accessories (scarf, belt)	<input type="checkbox"/>	prescriptions / ointment						
31	<input type="checkbox"/>	jewelry	<input type="checkbox"/>	allergy medicine						
33	<input type="checkbox"/>	wallet/cash	<input type="checkbox"/>	vitamins / supplements						
35	<input type="checkbox"/>	backpack	<input type="checkbox"/>	sleeping medicine / earplugs						
37	<input type="checkbox"/>	raincoat	<input type="checkbox"/>	sunscreen						
39	<input type="checkbox"/>	shoes for walking	<input type="checkbox"/>	bug spray / anti-bug cream						
41	<input type="checkbox"/>	boots	<input type="checkbox"/>	band-aids / wound ointment						
43	<input type="checkbox"/>	raincoat	<input type="checkbox"/>	thumbtack						
45	<input type="checkbox"/>	rain cover-up	<input type="checkbox"/>	diacetyls side						
47	<input type="checkbox"/>	raincoat/flip flops	<input type="checkbox"/>	motion sickness remedy						
49	<input type="checkbox"/>	goggles	<input type="checkbox"/>							
51	<input type="checkbox"/>	towel	CARRY ON / ELECTRONICS							
53	<input type="checkbox"/>	sunglasses	<input type="checkbox"/>	laptop / tablet / reader / dvd player						
55	<input type="checkbox"/>		<input type="checkbox"/>	cell phone						
57	TOILETRIES		<input type="checkbox"/>	camera						
59	<input type="checkbox"/>	brush	<input type="checkbox"/>	reading material (books, magazine)						
61	<input type="checkbox"/>	toothbrush / toothpaste / floss	<input type="checkbox"/>	headphones						
63	<input type="checkbox"/>	hair care (shampoo / conditioner / styling)	<input type="checkbox"/>	charger / batteries						
65	<input type="checkbox"/>	hair accessories / appliances	<input type="checkbox"/>	candy / gum / breath mints						
67	<input type="checkbox"/>	deodorant	<input type="checkbox"/>	sanitizer / wipes						
69	<input type="checkbox"/>	face care (mask / lotion / scrub)	<input type="checkbox"/>	medical / toiletry necessities						
71	<input type="checkbox"/>	lotion	<input type="checkbox"/>							
73	<input type="checkbox"/>	contact lenses (cases / solution / extra pair)	OTHER							
75	<input type="checkbox"/>	glucose	<input type="checkbox"/>							
77	<input type="checkbox"/>	maskup	<input type="checkbox"/>							
79	<input type="checkbox"/>	razor / shave cream	<input type="checkbox"/>							
81	<input type="checkbox"/>	nail clippers / tweezers	<input type="checkbox"/>							
83	<input type="checkbox"/>		<input type="checkbox"/>							

Female Adult Male Adult Kid 1 Kid 2

Ready