



What WE'RE Wearing

Name: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>
Name: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>
Name: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>
Name: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____	DAY: _____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>	All packed? <input type="checkbox"/>

