

Clothing Planner & Packing List, page 3

Day _____ Plans for Day _____

- Outfit: _____
- _____
- Shoes: _____
- Accessories _____
- _____

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Toiletries:

- | | |
|---|--|
| <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> Glasses: cleaner, cloth |
| <input type="checkbox"/> Shower gel/ soap | <input type="checkbox"/> Hairbrush/comb |
| <input type="checkbox"/> Loofah/ washcloth | <input type="checkbox"/> Hair ties, pins, etc. |
| <input type="checkbox"/> Shaving gel, razor | <input type="checkbox"/> Facial wash & lotion |
| <input type="checkbox"/> Toothbrush/paste | <input type="checkbox"/> Body lotion |
| <input type="checkbox"/> Mouthwash, floss | <input type="checkbox"/> Cologne/perfume |
| <input type="checkbox"/> Q-tips, cotton balls | <input type="checkbox"/> Lip balm/ chapstick |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Feminine products |
| <input type="checkbox"/> Contacts: case, saline solution, eye drops | <input type="checkbox"/> Lint roller |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Beauty & Make-up

- | | |
|---|---|
| <input type="checkbox"/> Hair styling products | <input type="checkbox"/> Blush/Contouring |
| <input type="checkbox"/> Hair ties, bobby pin, barrettes, headbands | <input type="checkbox"/> Eye makeup & tools |
| <input type="checkbox"/> Blow dryer | <input type="checkbox"/> Lip makeup & tools |
| <input type="checkbox"/> Curling/flat iron | <input type="checkbox"/> Misc. brushes |
| <input type="checkbox"/> Moisturizer | <input type="checkbox"/> Nail clippers & tools |
| <input type="checkbox"/> Makeup remover | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Mirror | <input type="checkbox"/> Nail polish |
| <input type="checkbox"/> Foundation/Primer | <input type="checkbox"/> Nail remover (not recommended) |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Medical & Health

- | | |
|---|--|
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Insect repellent |
| <input type="checkbox"/> Pain reliever | <input type="checkbox"/> Hand sanitizer/ wipes |
| <input type="checkbox"/> Motion sickness medicine | <input type="checkbox"/> Tissues |
| <input type="checkbox"/> Sleeping pills | <input type="checkbox"/> Sunscreen/ Aloe Vera |
| <input type="checkbox"/> Cold/flu medicine, cough drops | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Birth control | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vitamins | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Band-aids/ First Aid | <input type="checkbox"/> _____ |