

# Clothing Planner & Packing List

Day \_\_\_\_\_ Plans for Day \_\_\_\_\_

- Outfit: \_\_\_\_\_
- \_\_\_\_\_
- Shoes: \_\_\_\_\_
- Accessories \_\_\_\_\_
- \_\_\_\_\_

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## Clothing:

- T-shirts, tank tops
- Sweatpants, sweatshirts
- Casual & Dress Shirts
- Sweaters
- Jeans
- Khakis
- Dress pants
- Shorts
- Dresses
- Skirts
- Suits & ties
- Pajamas
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Bras
- Underwear
- Socks
- Tights/pantyhose
- Jackets, coats, raincoat
- Hats, scarves & gloves
- Jewelry & watches
- Sunglasses, case
- Reading glasses, cleaning cloth
- Umbrella & rain boots
- Swimwear & cover-up
- Shoes, casual
- Shoes, dress
- Shoes, sandals
- Boots
- Belts
- Backpack
- Purses
- Exercise clothes & shoes (& sports bra)
- Laundry bag (& detergent)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Destination Specific- skis, running, biking, beach

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## Electronics:

- |   |   |
|---|---|
| <input type="checkbox"/> Cell phone, charger        | <input type="checkbox"/> iPod, charger                |
| <input type="checkbox"/> Tablet, charger            | <input type="checkbox"/> Camera, camera card, charger |
| <input type="checkbox"/> eReader, charger           | <input type="checkbox"/> Portable DVD player, charger |
| <input type="checkbox"/> Computer, charger          | <input type="checkbox"/> Game devices, charger        |
| <input type="checkbox"/> WiFi card                  | <input type="checkbox"/> Headphones                   |
| <input type="checkbox"/> Backup drive               | <input type="checkbox"/> Alarm clock                  |
| <input type="checkbox"/> USB cords                  | <input type="checkbox"/> GPS charger, adapter         |
| <input type="checkbox"/> Extension cord/power strip | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Volt adapters              | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                        |

## Documents/Finance

- |   |  |
|---|--|
| <input type="checkbox"/> Wallet                                   | <input type="checkbox"/> Driver's License/I.D.           |
| <input type="checkbox"/> Itinerary                                | <input type="checkbox"/> Membership cards (AAA, museums) |
| <input type="checkbox"/> Emergency contacts                       | <input type="checkbox"/> Car/House keys                  |
| <input type="checkbox"/> Passport                                 | <input type="checkbox"/> Medical history                 |
| <input type="checkbox"/> Copies reservations, travel documents    | <input type="checkbox"/> List of medications             |
| <input type="checkbox"/> Airline/Train/Car tickets, confirmations | <input type="checkbox"/> Copies of (keep separate)       |
| <input type="checkbox"/> Credit Cards                             | -Passport  |
| <input type="checkbox"/> Cash                                     | -Credit cards, contact info                              |
| <input type="checkbox"/> ATM card, traveler's checks              | -Travel documents  |
| <input type="checkbox"/> Medical/Dental cards                     | -Driver's license and I.D.                               |
|   | -Birth certificate                                       |

## Travel Accessories:

- |   |  |
|---|--|
| <input type="checkbox"/> Journal/Paper      | <input type="checkbox"/> Small sewing kit      |
| <input type="checkbox"/> Pens/Pencil        | <input type="checkbox"/> Books                 |
| <input type="checkbox"/> Ear plugs          | <input type="checkbox"/> Music, movies         |
| <input type="checkbox"/> Sleeping mask      | <input type="checkbox"/> Snacks, gum           |
| <input type="checkbox"/> Water bottle       | <input type="checkbox"/> Money belt            |
| <input type="checkbox"/> Pillow/blanket     | <input type="checkbox"/> Sealable plastic bags |
| <input type="checkbox"/> Language guide     | <input type="checkbox"/> Collapsible totes     |
| <input type="checkbox"/> Maps/directions    | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Guidebook          | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Luggage tags/locks | <input type="checkbox"/> _____                 |

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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"/> Shower flip-flops       |
| <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"/> _____                 |