

Packing Check List

*Items Indicate Carryon Recommendation

Personal Care

- | | | |
|---|--|--|
| <input type="checkbox"/> Eye glasses* | <input type="checkbox"/> Toothpaste* | <input type="checkbox"/> Fever or Pain Reducer* |
| <input type="checkbox"/> Sunglasses* | <input type="checkbox"/> Dental Floss | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> Contact Lenses* | <input type="checkbox"/> Lip Balm* | <input type="checkbox"/> Antacid* |
| <input type="checkbox"/> Contact Lens Solution* | <input type="checkbox"/> Sunscreen* | <input type="checkbox"/> Antihistamine* |
| <input type="checkbox"/> Contact Lens Case* | <input type="checkbox"/> Personal Hygiene Items* | <input type="checkbox"/> Motion Sickness Relief* |
| <input type="checkbox"/> Facial Cleanser* | <input type="checkbox"/> Shampoo | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Facial Moisturizer* | <input type="checkbox"/> Conditioner | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Body Moisturizer | <input type="checkbox"/> Hair Styling Products | <input type="checkbox"/> Shower Cap* |
| <input type="checkbox"/> Cosmetics* | <input type="checkbox"/> Hairbrush/comb* | <input type="checkbox"/> Nail Polish |
| <input type="checkbox"/> Deodorant* | <input type="checkbox"/> Hairdryer | <input type="checkbox"/> Nail Polish Remover |
| <input type="checkbox"/> Razor | <input type="checkbox"/> Straightener | <input type="checkbox"/> Nail Care Items |
| <input type="checkbox"/> Shaving Cream | <input type="checkbox"/> Hair Spray | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Toothbrush* | <input type="checkbox"/> Prescriptions/Vitamins* | <input type="checkbox"/> _____ |

Electronics

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Alarm Clock <i>if not on phone</i> | <input type="checkbox"/> Memory Card* | <input type="checkbox"/> Headphones* |
| <input type="checkbox"/> Cellular Phone & Charger* | <input type="checkbox"/> Laptop & Charger* | <input type="checkbox"/> GPS & Cords* |
| <input type="checkbox"/> Camera & Charger* | <input type="checkbox"/> Flashlight* | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Video Camera & Charger* | <input type="checkbox"/> Batteries for Electronics | <input type="checkbox"/> _____ |

Miscellaneous

- | | | |
|--|--|---|
| <input type="checkbox"/> Itinerary * | <input type="checkbox"/> Scotch Tape | <input type="checkbox"/> Tote Bag |
| <input type="checkbox"/> Reservations* <i>Hotel, Car, Air,</i> | <input type="checkbox"/> Rubber Bands | <input type="checkbox"/> Beach Towel |
| <input type="checkbox"/> Cash/Traveler's Checks* | <input type="checkbox"/> First-Aid Kit* | <input type="checkbox"/> Quart Ziploc® Bags |
| <input type="checkbox"/> Maps * <i>City, State</i> | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Large Ziploc® Bags |
| <input type="checkbox"/> Note Pad | <input type="checkbox"/> Antibacterial Wipes | <input type="checkbox"/> Travel Pillow* |
| <input type="checkbox"/> Pen | <input type="checkbox"/> Sewing Kit | <input type="checkbox"/> Travel Blanket* |
| <input type="checkbox"/> Dollar Bills* <i>for tipping</i> | <input type="checkbox"/> Travel Laundry Detergent | <input type="checkbox"/> Blanket* |
| <input type="checkbox"/> Telephone No.'s* <i>Airline, Hotel, Shuttle, etc</i> | <input type="checkbox"/> Travel Stain Remover | <input type="checkbox"/> Healthy Snacks* <i>for travel</i> |
| <input type="checkbox"/> Addresses for Postcards | <input type="checkbox"/> Travel Dishwashing Liquid | <input type="checkbox"/> Sharpie® <i>for plastic and bags</i> |
| <input type="checkbox"/> Postage Stamps | <input type="checkbox"/> Umbrella* | <input type="checkbox"/> Image of Packed Suitcase |
| <input type="checkbox"/> Scissors | <input type="checkbox"/> Rain Poncho | <input type="checkbox"/> Scale? <i>(to weigh suitcase)</i> |
| | <input type="checkbox"/> Rainy Day Activities | <input type="checkbox"/> _____ |

Diane Albright, Certified Professional Organizer ♦ DianeAlbright.com
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Clothing

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Bathing Suit* | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 1 Clothes Set/Underwear* | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pajamas | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Robe | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Socks | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Underwear | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
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