

# Packing Checklist

## Personal Care

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

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

\*Carryon Recommendation

Diane Albright, Certified Professional Organizer ♦ DianeAlbright.com 1-(866) NEAT-911

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**Attire**

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| <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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