

TO BE FILLED OUT AT HOME
PLEASE HAVE ALL ITEMS
LABELED W/ CAMPER'S NAME!

Camper's Name _____

- ___ Sleeping Bag or Sheets/Bedding
- ___ Pillows (with pillowcase)
- ___ Undergarments
- ___ Shampoo/Body Wash
- ___ Toothbrush/Toothpaste
- ___ Pajamas
- ___ Brush
- ___ Combs
- ___ Deodorant
- ___ Shavers and Shaving Gel
- ___ Adaptive Equipment (glasses, dentures, walker, cane, wheelchair, hearing aid batteries, etc)
- ___ Bath Towels and Wash Cloths
- ___ Attends/Briefs/Feminine Products (if applicable)
- ___ **Medication** (for the nurse)
- ___ Jacket
- ___ Sweater/Sweat Shirts
- ___ Dress Clothes (for banquet)
- ___ Dancing Shoes (for banquet)
- ___ Shoes
- ___ Socks
- ___ Pants
- ___ Shirts
- ___ Shorts
- ___ Swimsuits
- ___ Ear Plugs (swimming or fireworks)
- ___ Extra Bedding/Clothes (for incontinence)
- ___ Spending Money (\$5 for pop, candy, etc.)
- ___ Money for Camp Travel Drive \$10.00 (if wanted, equipped with camp pictures)
- ___ USB Drive for pictures, if bringing own

Others: PLEASE LIST!

TO BE FILLED OUT BY THEIR
COUNSELOR BEFORE CAMPER
GOES HOME

Camper's Name _____

- ___ Sleeping Bag or Sheets/Bedding
- ___ Pillows (with pillowcase)
- ___ Undergarments
- ___ Shampoo/Body Wash
- ___ Toothbrush/Toothpaste
- ___ Pajamas
- ___ Brush
- ___ Combs
- ___ Deodorant and Shavers
- ___ Adaptive Equipment (glasses, dentures, walker, cane, wheelchair, hearing aid batteries, etc)
- ___ Bath Towels and Wash Cloths
- ___ Attends/Briefs/Feminine Products (if applicable)
- ___ **Medication** (from the nurse)
- ___ Jacket
- ___ Sweater/Sweat Shirts
- ___ Dress Clothes (for banquet)
- ___ Dancing Shoes (for banquet)
- ___ Shoes
- ___ Socks
- ___ Pants
- ___ Shirts
- ___ Shorts
- ___ Swimsuits
- ___ Ear Plugs (swimming or fireworks)
- ___ Extra Bedding/Clothes (for incontinence)
- ___ Spending Money (leftover money)
- ___ **NEW T-SHIRT!**
- ___ Camp USB Travel Drive (if purchased)

Others: PLEASE LIST!