



Name: _____

Packing List

Count and record the number of items packed under the “From Home” column, including what is worn to camp. The numbers in parentheses are suggested amounts. Do not pack highly valued clothing or items. **Mt. Hood Kiwanis Camp is not responsible for lost or damaged items.**

From Home	Counted at Camp			From Home	Counted at Camp		
	Sun	Fri			Sun	Fri	
			<u>Clothing</u>				<u>Toiletries</u>
___	___	___	Underwear (6 pairs)	___	___	___	Sunscreen
___	___	___	Tennis Shoes (1)	___	___	___	Insect Repellent
___	___	___	Sturdy shoes/boots for hiking				
___	___	___	T-Shirts (4)	___	___	___	Bath Towel
___	___	___	Long Sleeve Shirts (2)	___	___	___	Swim Towel
___	___	___	Sweatshirt/Hoodie (2)	___	___	___	Wash cloth
___	___	___	Socks (6)				
___	___	___	Jeans/Long Pants (3)	___	___	___	Shampoo/Conditioner
___	___	___	Shorts (3)	___	___	___	Soap or Body Wash
___	___	___	Swimsuit (1)	___	___	___	Toothbrush/toothpaste
___	___	___	Raincoat/Coat	___	___	___	Deodorant
___	___	___	Water Shoes/Sandals				
___	___	___	Pajamas (2)	___	___	___	Attends
				___	___	___	Feminine Hygiene Products
			<u>Bedding</u>				
___	___	___	Sleeping Bag	___	___	___	<u>Other</u>
___	___	___	Pillow	___	___	___	Sunglasses
___	___	___	Blanket	___	___	___	Water Bottle
___	___	___	Extra Bedding (if needed)	___	___	___	Backpack (day use)
___	___	___	Bag for dirty clothes	___	___	___	Flashlight
				___	___	___	_____
				___	___	___	_____
			<u>Adaptive Equipment</u>	___	___	___	_____
___	___	___	Communication Device	___	___	___	_____
___	___	___	Eating Utensils				
___	___	___	Hearing Aids				
___	___	___	Ear Plugs				
___	___	___	Noise Cancelling Headphones				
___	___	___	Mobility Braces/Devices				
___	___	___	_____				
___	___	___	_____				

Please do not pack clothing or items that have inappropriate logos/ topics on them, pocket knives, or any weapons or illegal substances.