

# Packing List: Accessories: female

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Name: \_\_\_\_\_

| <u>Qty</u> | <u>Item</u>              | <u>Packed</u> |                               |
|------------|--------------------------|---------------|-------------------------------|
| _____      | hair styling equipment   | _____         | (dryer, curl/flat irons etc.) |
| _____      | shampoo/conditioner      | _____         | (plus other products used)    |
| _____      | hair accessories         | _____         | (ties, headbands, clips etc.) |
| _____      | jacket / hat / gloves    | _____         |                               |
| _____      | hairbrush/comb           | _____         |                               |
| _____      | tooth paste / brush      | _____         |                               |
| _____      | make up                  | _____         |                               |
| _____      | face cleansers           | _____         |                               |
| _____      | extra purses / totes     | _____         |                               |
| _____      | medication               | _____         | list:                         |
| _____      | camera / accessories     | _____         |                               |
| _____      | deodorant                | _____         |                               |
| _____      | phone book               | _____         |                               |
| _____      | chap stick               | _____         |                               |
| _____      | cell phone / accessories | _____         |                               |
| _____      | sun glasses              | _____         |                               |
| _____      | books / toys             | _____         | list:                         |
| _____      | personal items: other    | _____         | list:                         |
| _____      | _____                    | _____         |                               |
| _____      | _____                    | _____         |                               |
| _____      | _____                    | _____         |                               |
| _____      | _____                    | _____         |                               |