



Inventory List

PLEASE HAVE ALL ITEMS LABELED PRIOR TO CHECK-IN

Week Name: _____ Date: _____

Camper: _____

Provider: _____

Sug #	Item	# Sent	# Returned	Initials
10	Underwear			
9	Socks			
3	Bras			
8	Undershirts			
8	T-Shirts			
2	Long Sleeved Shirts			
5	Shorts			
3	Long Pants			
2	Sweater(s)			
1	Jacket			
1	Dress/Dress Clothes			
1	Hat			
2	Pajamas			
1	Bathing suit			
1	Sneakers			
1	Dress Shoes			
1	Slippers			
1	Laundry Bag			
	Diapers			

Sug #	Item	# Sent	# Returned	Initials
1	Soap			
1	Shampoo			
1	Tooth Brush			
1	Toothpaste			
2	Wash Cloth			
2	Towels			
1	Deodarant			
1	Sunscreen			
1	Chapstick			
1	blanket & sheet(twin) NO sleeping bags!			
1	Pillow (labeled)			
1	Pillow Case (labeled)			
1	Hairbrush/comb			
	Wheel Chair			
	Wheel Chair Tray			
	Electronics			
	Other:			
	Other:			
	Santinary Napkins (enough for entire week)			

NOTES:

PARENT'S SIGNATURE _____

Date: _____

PROVIDER'S SIGNATURE

Check-IN Inventory: _____

Date: _____

Check-OUT Inventory: _____

Date: _____

DISCLAIMER: Camp Civitan will do its best to return exactly what came with your camper.