

CAMP SMILE INVENTORY LIST

Item	Description, Color, Size
Blanket/Sleeping Bag ____ Qty: _____	1. 2. 3.
Sheets ____ Qty: _____	1. 3. 2. 4.
Pillow ____ Qty: _____	1. 2. 3.
Towels ____ Qty: _____	1. 4. 2. 5. 3. 6.
Wash Cloths ____ Qty: _____	1. 4. 2. 5. 3.
Swimsuit ____ Qty: _____	1. 2. 3.
Shoes ____ Qty: _____	1. 3. 2. 4.

TOILETRY ITEMS

Toothbrush Yes ____ No ____
 Toothpaste Yes ____ No ____
 Razor Yes ____ No ____
 Soap Yes ____ No ____
 Shampoo/Conditioner Yes ____ No ____
 Comb/Brush Yes ____ No ____

Deodorant Yes ____ No ____
 Sunscreen Yes ____ No ____
 Bug spray Yes ____ No ____
 Lotion Yes ____ No ____
 Other Yes ____ No ____

OTHER ITEMS:

CAMP SMILE INVENTORY LIST

Camper: _____

Counselor: _____

I.D. Mark Used: _____

Cabin: _____

Item	Description, Color, Size	
Bras ____ Qty: _____	1.	3.
	2.	4.
Socks ____ Qty: _____	1.	5.
	2.	6.
	3.	7.
	4.	8.
Pants/Skirts/Dresses ____ Qty: _____	1.	4.
	2.	5.
	3.	
Shorts ____ Qty: _____	1.	5.
	2.	6.
	3.	7.
	4.	
Shirts/Blouses ____ Qty: _____	1.	5.
	2.	6.
	3.	7.
	4.	
Underwear ____ Qty: _____	1.	5.
	2.	6.
	3.	7.
	4.	

