

## CreativeHomemaking.com's Camping Supply Checklist (Pg. 1)

Dairy	Canned Goods	Cooking Supplies	Tools/Misc. Supplies
<input type="checkbox"/> Butter	<input type="checkbox"/> Fruit	<input type="checkbox"/> Can opener	<input type="checkbox"/> Backpack
<input type="checkbox"/> Cheeses	<input type="checkbox"/> Chili	<input type="checkbox"/> Skewers	<input type="checkbox"/> Batteries
<input type="checkbox"/> Eggs	<input type="checkbox"/> Soup	<input type="checkbox"/> Dish cloth/soap	<input type="checkbox"/> Broom/dust pan
<input type="checkbox"/> Milk	<input type="checkbox"/> Spaghetti sauce	<input type="checkbox"/> Dish tub	<input type="checkbox"/> Welcome mat
<input type="checkbox"/> Sour cream	<input type="checkbox"/> Other _____	<input type="checkbox"/> Griddle	<input type="checkbox"/> Binoculars
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Measuring cups	<input type="checkbox"/> Camera/Film
		<input type="checkbox"/> Frying pan	<input type="checkbox"/> Cell phone
<b>Meats</b>	<b>Paper Products</b>	<input type="checkbox"/> Camp stove	<input type="checkbox"/> Folding chairs
<input type="checkbox"/> Bacon/sausage	<input type="checkbox"/> Kleenex	<input type="checkbox"/> Large cooking pot	<input type="checkbox"/> Citronella candles
<input type="checkbox"/> Lunch meat	<input type="checkbox"/> Toilet paper	<input type="checkbox"/> Sauce pan	<input type="checkbox"/> Axe/hunting knife
<input type="checkbox"/> Hot dogs	<input type="checkbox"/> Paper towels	<input type="checkbox"/> Pot holder	<input type="checkbox"/> Clothes line
<input type="checkbox"/> Hamburgers	<input type="checkbox"/> Paper plates/cups	<input type="checkbox"/> Tongs	<input type="checkbox"/> Compass/map
<input type="checkbox"/> Other _____	<input type="checkbox"/> Aluminum foil	<input type="checkbox"/> Wooden spoons	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Other _____	<input type="checkbox"/> Plastic silverware	<input type="checkbox"/> Pancake turner	<input type="checkbox"/> Gloves
	<input type="checkbox"/> Plastic wrap	<input type="checkbox"/> Fuel for stove	<input type="checkbox"/> Hammer
<b>Fruits &amp; Vegetables</b>	<input type="checkbox"/> Sandwich bags	<input type="checkbox"/> Lighter	<input type="checkbox"/> Baseball caps
<input type="checkbox"/> Melon	<input type="checkbox"/> Garbage bags	<input type="checkbox"/> Table cloth	<input type="checkbox"/> Jumper cables
<input type="checkbox"/> Bananas	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Thermos	<input type="checkbox"/> Kindling/wood
<input type="checkbox"/> Lettuce	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Coolers	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Tomatoes		<input type="checkbox"/> Tea kettle	<input type="checkbox"/> Lanterns/fuel
<input type="checkbox"/> Onions	<b>Toiletries/First Aid</b>	<input type="checkbox"/> Cutting board	<input type="checkbox"/> Rope
<input type="checkbox"/> Garlic	<input type="checkbox"/> Baby wipes	<input type="checkbox"/> Knives	<input type="checkbox"/> Shovel
<input type="checkbox"/> Black olives	<input type="checkbox"/> Band-aids	<input type="checkbox"/> Other _____	<input type="checkbox"/> Tarp
<input type="checkbox"/> Other _____	<input type="checkbox"/> Allergy medicine	<input type="checkbox"/> Other _____	<input type="checkbox"/> Tent
<input type="checkbox"/> Other _____	<input type="checkbox"/> Bug repellent		<input type="checkbox"/> Travel clock
	<input type="checkbox"/> Caladryl lotion	<b>Sleeping</b>	<input type="checkbox"/> Sunglasses
<b>Beverages</b>	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Air mattresses	<input type="checkbox"/> Other _____
<input type="checkbox"/> Coffee	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Air pump	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cappuccino	<input type="checkbox"/> Snakebite kit	<input type="checkbox"/> Blankets	<input type="checkbox"/> Other _____
<input type="checkbox"/> Herbal tea	<input type="checkbox"/> Tweezers	<input type="checkbox"/> Sleeping bags	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fruit juice	<input type="checkbox"/> Antiseptic	<input type="checkbox"/> Pillows	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pop	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Bottled water	<input type="checkbox"/> Antibacterial soap		<b>Clothing</b>
<input type="checkbox"/> Lemonade	<input type="checkbox"/> Brush/comb	<b>Entertainment</b>	<input type="checkbox"/> Extra socks
	<input type="checkbox"/> Hand mirror	<input type="checkbox"/> Dice/Cards	<input type="checkbox"/> Underwear
<b>Dry Goods</b>	<input type="checkbox"/> Chapstick	<input type="checkbox"/> Balls	<input type="checkbox"/> Pants/shorts
<input type="checkbox"/> Cereal	<input type="checkbox"/> Dental floss	<input type="checkbox"/> Books/magazines	<input type="checkbox"/> Shirts/flannels
<input type="checkbox"/> Cookies	<input type="checkbox"/> Deodorant	<input type="checkbox"/> Radio/CD Player	<input type="checkbox"/> Pajamas
<input type="checkbox"/> Pasta	<input type="checkbox"/> Safety pins	<input type="checkbox"/> Writing materials	<input type="checkbox"/> Boots/extra shoes
<input type="checkbox"/> Beans	<input type="checkbox"/> Nail clippers	<input type="checkbox"/> Frisbee	<input type="checkbox"/> Jackets
<input type="checkbox"/> Pancake mix	<input type="checkbox"/> Soap	<input type="checkbox"/> Hand-held games	<input type="checkbox"/> Flipflops
<input type="checkbox"/> Chips	<input type="checkbox"/> Shampoo, cond.	<input type="checkbox"/> Knitting/crafts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rice	<input type="checkbox"/> Medicines	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bread	<input type="checkbox"/> Towels/cloths	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

