

2008 High Adventure Checklist

Pack for 7 Days - Don't over pack

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|--|---|
| <input type="checkbox"/> Cold Weather Hat | <input type="checkbox"/> Calling Card (To Call Home) |
| <input type="checkbox"/> Cold Weather Gloves | <input type="checkbox"/> Day Pack/Fanny Pack |
| <input type="checkbox"/> Cold Weather Coat | <input type="checkbox"/> Flash light & Batteries |
| <input type="checkbox"/> Warm Weather Coat | <input type="checkbox"/> Air Mattress/Foam Pad (No Cots) |
| <input type="checkbox"/> Rain Coat | <input type="checkbox"/> Water Bottle/Canteen |
| <input type="checkbox"/> Rain Pants | <input type="checkbox"/> Medications (Given to Doc in Water Sealed/Bagged containers) |
| <input type="checkbox"/> Hiking Boots (Water Proofed) | <input type="checkbox"/> Glasses (and Hard Case for traveling) |
| <input type="checkbox"/> Shoes/Sandals that can get wet | <input type="checkbox"/> Mosquito Repellent |
| <input type="checkbox"/> Sleeping Bag (Stuff packed in with plastic bag) | <input type="checkbox"/> Safety Pins (for Laundry) |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Top Sheet (bed sheet) |
| <input type="checkbox"/> Scout Shirt (Packed in Zip Lock, name on it) | <input type="checkbox"/> Pen Or Pencil |
| <input type="checkbox"/> Shirts (At least 1 long sleeve, several short) | <input type="checkbox"/> Sun Tan Lotion |
| <input type="checkbox"/> Pants (Heavy and light) | <input type="checkbox"/> 6 Cloths Pins (for drying cloths) |
| <input type="checkbox"/> Sweatshirt | <input type="checkbox"/> All Clothes and Gear labled with Permant Marker |
| <input type="checkbox"/> Under Wear | <input type="checkbox"/> Pocket Knife/Utility Knife |
| <input type="checkbox"/> Socks | <input type="checkbox"/> Light Hat (Cap) |
| <input type="checkbox"/> Swim Trunks | <input type="checkbox"/> Watch |
| <input type="checkbox"/> Towels (2 med or 1L/1S) | <input type="checkbox"/> Bag Lunch for Friday Evening and Saturday Day |
| <input type="checkbox"/> Toiletries | <input type="checkbox"/> Scrubbie Sponge |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Laundry Bag (Spare Plastic Bag) |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Spending Money |

Parent Signature _____

Date _____