



Kitchen Supplies

<input type="checkbox"/>	Can/Bottle Opener	<input type="checkbox"/>	Chip Clips	<input type="checkbox"/>	Kuerig	<input type="checkbox"/>	Cups/Mugs
<input type="checkbox"/>	Liquid Dish Soap (Small)	<input type="checkbox"/>	Dish Towel	<input type="checkbox"/>	Paper Towel	<input type="checkbox"/>	Knife
<input type="checkbox"/>	Cutting Board	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Mini Refrigerator	<input type="checkbox"/>	Plastic Plates
<input type="checkbox"/>	Pizza Cutter	<input type="checkbox"/>	Plastic Food Containers	<input type="checkbox"/>	Utensils	<input type="checkbox"/>	Water Bottles (2)
<input type="checkbox"/>	Ziploc Bags	<input type="checkbox"/>	Glass Measuring Cup	<input type="checkbox"/>	Large Bowl	<input type="checkbox"/>	Paper Plates
<input type="checkbox"/>	Bottled Water	<input type="checkbox"/>	Cereal	<input type="checkbox"/>	Snack Bars	<input type="checkbox"/>	Ramen Noodles
<input type="checkbox"/>	Easy Mac	<input type="checkbox"/>	Juice Boxes	<input type="checkbox"/>	Peanut Butter	<input type="checkbox"/>	Popcorn
<input type="checkbox"/>	Soda	<input type="checkbox"/>	Soup	<input type="checkbox"/>	Gatorade	<input type="checkbox"/>	Coffee Pods
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Bathroom

<input type="checkbox"/>	Bath Towels (4)	<input type="checkbox"/>	Hand Towels (4)	<input type="checkbox"/>	Wash Cloths (6)	<input type="checkbox"/>	Hair Dryer
<input type="checkbox"/>	Shower Caddy	<input type="checkbox"/>	Flip Flops	<input type="checkbox"/>	Beach Towels (2)	<input type="checkbox"/>	Robe/Wrap Towel

Bathroom Supplies

<input type="checkbox"/>	Acne Cream/Wash	<input type="checkbox"/>	Shampoo/Conditioner	<input type="checkbox"/>	Allergy Medicine	<input type="checkbox"/>	Cough/Cold Medicine
<input type="checkbox"/>	Pepto-Bismol	<input type="checkbox"/>	Motrin	<input type="checkbox"/>	Cough Drops	<input type="checkbox"/>	Anti-Diarrhea
<input type="checkbox"/>	Hot-Cold Packs	<input type="checkbox"/>	Band-Aids/Antibacterial	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	Vitamins
<input type="checkbox"/>	Perscriptions	<input type="checkbox"/>	Birth Control Pills	<input type="checkbox"/>	Toothbrush/Paste	<input type="checkbox"/>	Dental Floss Sticks
<input type="checkbox"/>	Deodorant	<input type="checkbox"/>	Bath Soap	<input type="checkbox"/>	Hand Sanitizer	<input type="checkbox"/>	Antibacterial Hand Soap
<input type="checkbox"/>	Clorox Clean-up Wipes	<input type="checkbox"/>	Sunglasses	<input type="checkbox"/>	Eye Glasses (2)	<input type="checkbox"/>	Contacts/Solution
<input type="checkbox"/>	Contact Cases (2)	<input type="checkbox"/>	Hairbrush/Comb	<input type="checkbox"/>	Hair Gel	<input type="checkbox"/>	Hair Ties/Headbands
<input type="checkbox"/>	Q-Tips	<input type="checkbox"/>	Mouthwash	<input type="checkbox"/>	Nail Clippers	<input type="checkbox"/>	Razors/Shaving Cream
<input type="checkbox"/>	Sunscreen	<input type="checkbox"/>	Bug Spray	<input type="checkbox"/>	Kleenex	<input type="checkbox"/>	Febreze
<input type="checkbox"/>	Hand Lotion	<input type="checkbox"/>	Make-Up	<input type="checkbox"/>	Make-Up Mirror	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

