



OVERNIGHT CAMP AND RESPITES

CLOTHING LIST

Name of camper _____

Date of stay: _____

NOTICE TO PARENTS OR GUARDIANS OF PARTICIPANT:

The camper's clothing and personal belongings must be fully identified.

To be completed and remitted at the beginning of the stay. Please follow the suggested list.

If we have to provide items for personal hygiene or use our laundry services for the participant, we will have to bill you (according to the item cost or \$5 per laundry load).

Always take in consideration the temperature and the predicted weather conditions for the participant's stay.

The quantities suggested in this list are estimated for a stay of 2 or 6 nights.

For a stay of 12 nights, please double the estimates of 6 nights.

OUTDOOR CLOTHING (ADJUST TO THE SEASONS)					To be completed by the monitor	
ITEMS	SUGGESTED QUANTITY 2 nights	SUGGESTED QUANTITY 6 nights	PACKED QUANTITY	DESCRIPTION	ARRIVAL	DEPARTURE
Raincoat	1	1				
Rain boots	1	1				
Running shoes	1	2				
Hat	1	1				
Coat / windjacket / snowsuit	1	1				
Mittens / gloves / Tuque / scarf	2	2				
Pants	2	4				
Shorts	1 à 2	3 à 5				
T-shirt/short-sleeved shirt	2	4 à 6				
Long-sleeved shirt/sweater	1	2				
Bathing suit (summer)	1	1				
Pyjamas	1	2				
Slippers	1	1				
Underware	3	7				
Camisole	1	2				
Cotton socks	3	7				
Backpack	1	1				
Laundry bag	1	1				
Water bottle	1	1				
Sport sandals	if possible	if possible				
Bra	if needed	if needed				





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PERSONAL CARE AND HYGIENE						
ITEMS	SUGGESTED QUANTITY 2 nights	SUGGESTED QUANTITY 6 nights	PACKED QUANTITY	DESCRIPTION	ARRIVAL	DEPARTURE
Washcloth	1	2				
Bath towel	2	2				
Comb / brush	1	1				
Toothbrush	1	1				
Toothpaste	1	1				
Soap	1	1				
Shampoo	1	1				
Deodorant	1	1				
Sunscreen	1	1				
Insect repellent	1	1				
Incontinence underwear	if needed	if needed				
Sanitary pads	if needed	if needed				
Shaving cream	if needed	if needed				
Shaver (razor)	if needed	if needed				
Glasses	if needed	if needed				
Hearing aids	if needed	if needed				
Laundry soap	if needed	if needed				
FOR NIGHTTIME						
ITEMS	SUGGESTED QUANTITY 2 nights	SUGGESTED QUANTITY 6 nights	PACKED QUANTITY	DESCRIPTION	ARRIVAL	DEPARTURE
Sleeping bag mandatory	1	1				
Blanket / covers	1	1				
Pillow (supplied)	0	0				
Pillowcase (supplied)	0	0				
Plush animal / doll	if needed	if needed				
RESERVED FOR CENTER						
1- Missing at the end of stay						
ITEMS	QUANTITY		DESCRIPTION		DATE SUPPLIED	
2- Laundry service						
NO <input type="checkbox"/>	YES <input type="checkbox"/>		How many loads			
3- Health and hygiene items						
Soap <input type="checkbox"/>	Toothbrush <input type="checkbox"/>		Toothpaste <input type="checkbox"/>		Other: <input type="text"/>	
Person in charge of stay:			Room:	Monitor's name:		