



# SUMMER CAMP AND REPSITES

## CLOTHING LIST & PERSONAL ITEMS

Name of camper \_\_\_\_\_

Date of stay \_\_\_\_\_

### NOTICE TO PARENTS OR TUTORS OF THE PARTICIPANT:

**It is mandatory to identify the camper's clothing and personal items.**

You must complete this form and put it in the luggage the 1st day of camp. Please respect the suggested list.

If during the stay we must provide personal hygiene items or use the laundry services for the participant, we will have to charge you (according to the cost of the item or \$5 per laundry).

Always take in consideration the temperature and the weather conditions during the stay.

CLOTHING (suggested items, to be adapted for the camper's need)				To be completed by the monitor	
ARTICLES	SUGGESTED QUANTITIES 5 nights	QUANTITY IN THE BAGGAGE	DESCRIPTION (colors, patterns, etc.)	ARRIVAL	DEPARTURE
Raincoat / wind jacket	1				
Rain boots (if needed)	1				
Running shoes	1				
Hat / baseball cap	1				
Pants	4				
Short	3 à 5				
T-shirt / shirt	4 à 6				
Long sleeve shirt	2				
Swin suit	1				
Pyjamas	2				
Slippers	1				
Underwear	7				
Camisole (if necessary)	2				
Socks	7				
Backpak	1				
Dirty laundry bag	1				
Bottle of water (reusable)	1				
<b>MANDATORY</b>					
Sport sandals	preferable				
Bra	if needed				





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PERSONNAL ITEMS AND HYGIENE					
ARTICLES	SUGGESTED QUANTITIES 5 nights	QUANTITY IN THE BAGGAGE	DESCRIPTION	ARRIVAL	DEPARTURE
Wash cloth	2				
Bath towel	2				
Comb / hair brush	1				
Toothbursh	1				
Toothpaste	1				
Soap	1				
Shampoo	1				
Deodorant	1				
Suncream	1				
Insect repellent	1				
Incontinence panties	if needed				
Sanitary pads	if needed				
Razor / Shaving cream	if needed				
Glasses	if needed				
Hearing aid	if needed				
FOR THE NIGHT					
ARTICLES	SUGGESTED QUANTITIES 5 nights	QUANTITÉ APPORTÉE	DESCRIPTION	ARRIVÉE	DÉPART
Sleeping bag <b>mandatory</b>	1				
Blanket	1				
Pillow (provided)	0				
Pillow case (provided)	0				
Plush animal / doll	if needed				
RESERVED TO THE CENTER					
1- Missing items at the end of the stay					
ARTICLES	QUANTITY		DESCRIPTION	DATE REMITTED	

<b>2- Laundry service</b>			
NO <input type="checkbox"/>	YES <input type="checkbox"/>	How many?	
<b>3- Personnal or hygiene items</b>			
Soap <input type="checkbox"/>	Toothbrush <input type="checkbox"/>	Toothpaste <input type="checkbox"/>	Other:
Name person in charge:		Room:	Name of monitor:



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