

TRAVEL PLANNING PACKET

INCLUDES:

-DETAILED PACKING LIST
-BLANK PACKING LIST
-SCHEDULE OVERVIEW SHEET
- DAILY SCHEDULE SHEET
- TRANSPORTATION OVERVIEW SHEET
- ACCOMMODATION INFO SHEET
-BUDGET PLANNING SHEET
-PLANNING CHECKLIST SHEET

DETAILED PACKING LIST

	1	qty	ltem		1	qty	ltem
			Short sleeve shirts				Sunscreen
			Tank Tops				Bugspray
			Long-sleeved shirts				Shampoo/ Conditioner
			Bathing Suits				Body Wash
			Beach Cover Up/ Dry Shirt				After Sun Lotion
CLOTHES			Shorts and Skirts				Toothpaste
			Pants	TOILETRIES			Deodorant
			Rain Jacket				Medicine
			Pajamas				
			Socks				
			Underwear				
			Bras				
			Everyday Shoes				
SHOES			Flip Flops				Camera
511025			Walking/ Hiking shoes				Cellphone
			Water shoes				Phone Charger
			Hat	OTHERS			Snorkel
			Sunglasses	O TITLE NO			Money Belt
ACCESSORIES			Belt				First Aid Kit
			Backpack				Umbrella
			Purse				Binoculars
			Extr	as			
] [



BLANK PACKING LIST

	In 1 21/25 2
ITEM	PACKED?
	1
	+
	+
	+
	+
	+
	+
	-
	+
	+
	1
	1



SCHEDULE OVERVIEW

WEDNESDAY SUNDAY MONDAY **TUESDAY THURSDAY FRIDAY** SATURDAY DATE DATE DATE DATE DATE DATE DATE **ACTIVITIES ACTIVITIES ACTIVITIES ACTIVITIES ACTIVITIES ACTIVITIES ACTIVITIES** TO EAT BREAKFAST: BREAKFAST: BREAKFAST: BREAKFAST: BREAKFAST: BREAKFAST: BREAKFAST: LUNCH: LUNCH: LUNCH: LUNCH: LUNCH: LUNCH: LUNCH: DINNER: DINNER: DINNER: DINNER: DINNER: DINNER: DINNER: **ACCOMMODATION ACCOMMODATION ACCOMMODATION ACCOMMODATION ACCOMMODATION ACCOMMODATION ACCOMMODATION NOTES NOTES NOTES NOTES NOTES** NOTES NOTES

DAILY SCHEDULE

DAY #	
DATE	

SMTWTFS

7:00 AM	
7:30 AM	
8:00 AM	
8:30 AM	
9:00 AM	
9:30 AM	
10:00 AM	
10:30 AM	
11:00 AM	
11:30 AM	
12:00 PM	
12:30 PM	
1:00 PM	
1:30 PM	
2:00 PM	
2:30 PM	
3:00 PM	
3:30 PM	
4:00 PM	
4:30 PM	
5:00 PM	
5:30 PM	
6:00 PM	
6:30 PM	
7:00 PM	
7:30 PM	
8:00 PM	
8:30 PM	



TRANSPORTATION INFO

FLIGHT INFO

FROM . TO	FROM TO
FROM> TO	FROM> TO
FLIGHT NUMBER	FLIGHT NUMBER
CHECK IN TIME	CHECK IN TIME
DEPARTURE TIME	DEPARTURE TIME
GATE NUMBER	GATE NUMBER
ARRIVAL TIME	ARRIVAL TIME
STOPOVER INFO	STOPOVER INFO
NOTES	NOTES
RENTAL C	AD INICO
RENTAL C	AR IIIFO
COMPANY NAME	HOURS OF OPERATION
CONFIRMATION NUMBER	TELEPHONE NUMBER
CAR PICK UP TIME	CAR DROP OFF TIME
LOCATION	



ACCOMMODATION INFO

HOTEL NAME	HOTEL NAME
DATES STAYING	DATES STAYING
LOCATION	LOCATION
LOCATION	LOCATION
CONFIRMATION NUMBER	CONFIRMATION NUMBER
CHECK IN TIME	CHECK IN TIME
CHECK OUT TIME	CHECK OUT TIME
NOTES	NOTES
HOTEL NAME	HOTEL NAME
HOTEL NAME	HOTEL NAME
DATES STAYING	DATES STAYING
LOCATION	LOCATION
CONFIRMATION NUMBER	CONFIRMATION NUMBER
CHECK IN TIME	CHECK IN TIME
CHECK OUT TIME	CHECK OUT TIME
NOTES	NOTES



BUDGET PLANNING

	2	<u></u>			
	PROJECTED COST FINA	AL COST		PROJECTED COST	FINAL COST
TRANSPORTATION			ACTIVITIES		
Airfare					
Rental Car					
Gas					
Tolls					[
TOTAL					
9	<u>ब</u> र्म	1.5			
LODGING					
×			TOTAL		
			-	200	
			OTHER COSTS		
			Travel Insurance		
			Souvenirs		
2					
TOTAL					
FOOD AND DRINKS					
					j
			TOTAL		
			GRAND TOTAL		
				<u> </u>	Lac.
	 				



TRAVEL PLANNING CHECKLIST

	THINGS TO DO	DONE?
	Establish your initial budget	
2	Decide which areas of the country you want to visit	
3	Plan your itinerary	
4	Book your flight	
5	Book your accommodations	
6	Book your transportation	
7	Plan your activities	
8	Plan the restaurants you really want to visit	
9	Buy travel insurance	
10	Finalize your budget	
11	Pack	
12	Board your flight to paradise!	

