

PLEASE LABEL ALL CAMPER'S BELONGINGS - CLOTHING, TOILETRIES, BEDDING ETC.

## BC Easter Seals Camping Program Property List

DO NOT MAIL THIS FORM. THIS FORM SHOULD ACCOMPANY THE CHILD TO CAMP.  
ATTACH AN ADDITIONAL SHEET IF NECESSARY

IMPORTANT: Please send ALL equipment the camper normally uses in their daily routines (**INCLUDING SPECIAL UTENSILS, PERSONAL CARE ITEMS SUCH AS ATTENDS, ETC.**). As we are unable to do camper laundry at camp, dirty laundry will be sent home. It is the parent/guardian's responsibility to **CLEARLY LABEL** all personal items/clothes with the camper's full name. **Do not bring new or expensive items to camp. The BC Lions Society is not responsible for any lost or misplaced items.** Any items found at the end of a camp session will be kept at the Vancouver head office until October 1. Lost items will NO LONGER be mailed back.

CAMPER'S NAME (Please Print) \_\_\_\_\_

CLEARLY LABEL ALL CAMPER BELONGINGS WITH THEIR FULL NAME

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<i>PLEASE ENSURE THAT ALL ITEMS ARE CLEARLY AND COMPLETELY LABELLED</i>			
ITEM	QUANTITY	COLOUR OR DESCRIPTION	CHECK
(BEDDING NOT PROVIDED) <b>SLEEPING BAG</b>			
<b>PILLOW</b>			
<b>PYJAMAS</b>			
<b>UNDERWEAR</b>			
<b>SOCKS</b>			
<b>SWIMSUIT</b>			
(FOR BATHING AND SWIMMING) <b>TOWELS</b>			
<b>FACECLOTH</b>			
<b>T-SHIRTS</b>			
<b>T-SHIRT FOR TIE DYING</b>			
<b>SWEATSHIRTS</b>			
<b>PANTS</b>			
<b>SHORTS</b>			
<b>BANQUET OUTFIT</b>			
<b>RAINWEAR</b>			
<b>WARM JACKET</b>			
<b>RUNNING SHOES</b>			
<b>OTHER SHOES</b>			
<b>HAT *Important*</b>			

CHECK APPLICABLE ITEMS:

- |                                       |                                     |  |                                    |
|---------------------------------------|-------------------------------------|--|------------------------------------|
| glasses <input type="checkbox"/>      | toothbrush <input type="checkbox"/> | comb <input type="checkbox"/>                | walker <input type="checkbox"/>    |
| sunglasses <input type="checkbox"/>   | toothpaste <input type="checkbox"/> | brush <input type="checkbox"/>               | AFO's <input type="checkbox"/>     |
| hearing aids <input type="checkbox"/> | soap <input type="checkbox"/>       | manual wheelchair <input type="checkbox"/>   | orthotics <input type="checkbox"/> |
| sunscreen <input type="checkbox"/>    | razor <input type="checkbox"/>      | electric wheelchair <input type="checkbox"/> | attends <input type="checkbox"/>   |
| shampoo <input type="checkbox"/>      | other (please specify): _____       |  |                                    |

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