



TRAVEL PLANNER

DATE OF TRIP:

DESTINATION:

Summer

VACATION PACKING LIST

Clothes

- ☐ Maxi Dress
- ☐ Mini Dress
- ☐ Skirts
- ☐ Shorts
- ☐ Lightweight Pants
- ☐ Leggings
- ☐ Lightweight Tops
- ☐ T-Shirts
- ☐ Button Down Shirt
- ☐ Bras
- ☐ Underwear
- ☐ Active Wear
- ☐ Bathing Suits
- ☐ Beach Cover-up
- ☐ _____
- ☐ _____

Shoes

- ☐ Slide On Sandals
- ☐ Flip Flops
- ☐ Sneakers
- ☐ Flats
- ☐ Wedges
- ☐ Tennis Shoes
- ☐ Slippers
- ☐ _____
- ☐ _____
- ☐ _____

Toiletries

- ☐ Sunscreen
- ☐ Face Wash
- ☐ Body Wash
- ☐ Deodorant
- ☐ Moisturizer
- ☐ Razors
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Nail Kit
- ☐ Makeup
- ☐ Feminine Products
- ☐ Bug Repellent
- ☐ Dry Shampoo
- ☐ _____
- ☐ _____
- ☐ _____

Documents

- ☐ Travel Insurance
- ☐ Itinerary
- ☐ Maps
- ☐ Driver's License
- ☐ Credit Cards
- ☐ Passport
- ☐ Cash
- ☐ _____
- ☐ _____
- ☐ _____

Accessories

- ☐ Sunglasses
- ☐ Reading Glasses
- ☐ Shoulder Bag
- ☐ Hat
- ☐ Umbrella
- ☐ Light Scarf
- ☐ _____
- ☐ _____
- ☐ _____

Electronics

- ☐ Portable Charger
- ☐ Camera
- ☐ Earbuds/Headphones
- ☐ Ipad/Laptop
- ☐ Phone
- ☐ _____
- ☐ _____

Others

- ☐ Medicine
- ☐ Filter Water Bottle
- ☐ Vanity Box
- ☐ Laundry Bag
- ☐ First Aid Kit
- ☐ Reading Glasses
- ☐ _____
- ☐ _____
- ☐ _____

Winter

VACATION PACKING LIST

Clothing

- ☐ Heavy Coat
- ☐ Packable Down Jacket
- ☐ Denim Jeans
- ☐ Fleece Leggings
- ☐ Sweaters
- ☐ Long Sleeve Tops
- ☐ Collared Tops
- ☐ T-Shirts
- ☐ Activewear
- ☐ Underwear
- ☐ Bras
- ☐ Winter Dress
- ☐ _____
- ☐ _____
- ☐ _____

Electronics

- ☐ Portable Charger
- ☐ Camera
- ☐ Earbuds/Headphones
- ☐ Ipad/Laptop
- ☐ Phone
- ☐ _____
- ☐ _____

Others

- ☐ Medicine
- ☐ First Aid Kit
- ☐ _____

Accessories

- ☐ Warm Socks
- ☐ Gloves/Mittens
- ☐ Scarves
- ☐ Hats
- ☐ Crossbody Bag
- ☐ Tote Bag/Backpack
- ☐ Jewelry
- ☐ Reading Glasses
- ☐ Sunglasses
- ☐ _____
- ☐ _____
- ☐ _____

Shoes

- ☐ Sneakers
- ☐ Winter Boots
- ☐ Knee High Boots
- ☐ _____

Documents

- ☐ Travel Insurance
- ☐ Itinerary
- ☐ Maps
- ☐ Driver's License
- ☐ Credit Cards
- ☐ Passport
- ☐ Cash
- ☐ _____
- ☐ _____

Toiletries

- ☐ Sunscreen
- ☐ Face Wash
- ☐ Body Wash
- ☐ Deodorant
- ☐ Moisturizer
- ☐ Razors
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Nail Kit
- ☐ Makeup
- ☐ Feminine Products
- ☐ Hair brush
- ☐ Hair Ties
- ☐ Dry Shampoo
- ☐ Hair Dryer
- ☐ Filter Water Bottle
- ☐ Straightener
- ☐ Curling Iron
- ☐ _____
- ☐ _____

Snow Gear

- ☐ Ski Goggles
- ☐ Snow/Ski Boots
- ☐ Helmet
- ☐ _____
- ☐ _____
- ☐ _____

Autumn

VACATION PACKING LIST

Clothing

- ☐ Rain Jacket
- ☐ Insulated Jacket
- ☐ Pants / Jeans
- ☐ Leggings
- ☐ Sweaters
- ☐ Long Sleeve Tops
- ☐ T-Shirts
- ☐ Activewear
- ☐ Underwear
- ☐ Bras
- ☐ Bathing Suits
- ☐ Cardigan
- ☐ Dress
- ☐ _____
- ☐ _____

Electronics

- ☐ Portable Charger
- ☐ Camera and Bag
- ☐ Earbuds/Headphones
- ☐ Ipad/Laptop
- ☐ Phone
- ☐ _____
- ☐ _____

Others

- ☐ Medicine
- ☐ First Aid Kit
- ☐ _____

Accessories

- ☐ Socks
- ☐ Gloves
- ☐ Light Weight Scarf
- ☐ Hats
- ☐ Crossbody Bag
- ☐ Tote Bag/Backpack
- ☐ Jewelry
- ☐ Reading Glasses
- ☐ Sunglasses
- ☐ _____
- ☐ _____
- ☐ _____

Shoes

- ☐ Sneakers
- ☐ Dress Shoes
- ☐ Hiking Boots
- ☐ _____

Documents

- ☐ Travel Insurance
- ☐ Itinerary
- ☐ Maps / Guide books
- ☐ Driver's License
- ☐ Credit Cards
- ☐ Passport
- ☐ Cash
- ☐ Park Passes
- ☐ _____

Toiletries

- ☐ Sunscreen
- ☐ Face Wash
- ☐ Body Wash
- ☐ Deodorant
- ☐ Moisturizer
- ☐ Razors
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Nail Kit
- ☐ Makeup
- ☐ Feminine Products
- ☐ Hair brush
- ☐ Hair Ties
- ☐ Dry Shampoo
- ☐ Hair Dryer
- ☐ Filter Water Bottle
- ☐ Bug Repellent
- ☐ Curl/Straight Iron
- ☐ _____
- ☐ _____

Hiking Gear

- ☐ Backpack / Day Pass
- ☐ Hydration Pack
- ☐ Bandana / Buff
- ☐ _____
- ☐ _____
- ☐ _____

Spring

VACATION PACKING LIST

Clothes

- ☐ Spring Jacket
- ☐ Rain Coat
- ☐ Maxi Dress
- ☐ Skirts
- ☐ Shorts
- ☐ Lightweight Pants
- ☐ Cardigan
- ☐ Bras
- ☐ Underwear
- ☐ Layering Tops
- ☐ T-Shirts
- ☐ Active Wear
- ☐ Bathing Suits
- ☐ Beach Cover-up
- ☐ _____
- ☐ _____

Shoes

- ☐ Slide On Sandals
- ☐ Flip Flops
- ☐ Sneakers
- ☐ Flats
- ☐ Wedges
- ☐ Tennis Shoes
- ☐ Knee High Boots
- ☐ _____
- ☐ _____
- ☐ _____

Toiletries

- ☐ Sunscreen
- ☐ Face Wash
- ☐ Body Wash
- ☐ Deodorant
- ☐ Moisturizer
- ☐ Razors
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Nail Kit
- ☐ Makeup
- ☐ Feminine Products
- ☐ Bug Repellent
- ☐ Dry Shampoo
- ☐ _____
- ☐ _____
- ☐ _____

Documents

- ☐ Travel Insurance
- ☐ Itinerary
- ☐ Maps
- ☐ Driver's License
- ☐ Credit Cards
- ☐ Passport
- ☐ Cash
- ☐ _____
- ☐ _____
- ☐ _____

Accessories

- ☐ Sunglasses
- ☐ Reading Glasses
- ☐ Shoulder Bag
- ☐ Hat
- ☐ Umbrella
- ☐ Light Scarf
- ☐ _____
- ☐ _____
- ☐ _____

Electronics

- ☐ Portable Charger
- ☐ Camera
- ☐ Earbuds/Headphones
- ☐ Ipad/Laptop
- ☐ Phone
- ☐ _____
- ☐ _____

Others

- ☐ Medicine
- ☐ Filter Water Bottle
- ☐ Vanity Box
- ☐ Laundry Bag
- ☐ First Aid Kit
- ☐ Reading Glasses
- ☐ _____
- ☐ _____
- ☐ _____

Clothes

- ☐ Jacket / Coat
- ☐ Rain Coat
- ☐ Shorts
- ☐ Pants
- ☐ Sweater
- ☐ Casual Tops
- ☐ Dressier Tops
- ☐ Underwear
- ☐ T-Shirts
- ☐ Pajamas
- ☐ Bathing Suits
- ☐ _____
- ☐ _____
- ☐ _____

Baby Supplies

- ☐ Diapers
- ☐ Onesies
- ☐ Baby Wipes
- ☐ Portable Breast Pump
- ☐ Baby Blankets
- ☐ Pacifiers
- ☐ Bottles / Sippy Cup
- ☐ Car Seat
- ☐ Nursing Pads
- ☐ Toys
- ☐ _____
- ☐ _____

Toiletries

- ☐ Sunscreen
- ☐ Face Wash
- ☐ Body Wash
- ☐ Moisturizer
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Hand Sanitizer
- ☐ Antibacterial Wipes
- ☐ Bug Repellent
- ☐ Brush
- ☐ Medication
- ☐ _____
- ☐ _____
- ☐ _____

Shoes

- ☐ Sandals
- ☐ Waterproof Shoes
- ☐ Sneakers
- ☐ Boots
- ☐ _____
- ☐ _____
- ☐ _____

Food / Snacks

- ☐ Water
- ☐ Snacks
- ☐ Formula / baby Food
- ☐ _____

Accessories

- ☐ Sunglasses
- ☐ Socks
- ☐ Belt
- ☐ Hat
- ☐ Umbrella
- ☐ Scarf
- ☐ _____
- ☐ _____
- ☐ _____

Electronics

- ☐ Portable Charger
- ☐ Kid Friendly Camera
- ☐ Earbuds/Headphones
- ☐ Tablet
- ☐ Read / Colouring Books
- ☐ Favourite Toys
- ☐ _____
- ☐ _____
- ☐ _____

Documents

- ☐ Birth Certificate
- ☐ Passport
- ☐ Letter of Consent
- ☐ Proof of Immunization
- ☐ _____
- ☐ _____
- ☐ _____

TRAVEL ITINERARY

Destination: _____ Arrival: _____

Duration of Stay: _____ Departure: _____

Hotel details: _____

	Time	Activity	Budget
DATE			

	Time	Activity	Budget
DATE			

	Time	Activity	Budget
DATE			

	Time	Activity	Budget
DATE			

	Time	Activity	Budget
DATE			

DESTINATION DETAILS

Country: _____	Culture: _____
Language: _____	Weather: _____
Currency: _____	Conversion Rate: _____

PLACES TO VISIT

Places to visit	Address	Budget
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		

Reminders

Notes

ACCOMODATION DETAILS

Accommodation:	
Address:	
Contact #:	Cost Per Night:
Reservation #:	Total Cost:
Check-in Date:	Check-out Date:
Notes:	

Accommodation:	
Address:	
Contact #:	Cost Per Night:
Reservation #:	Total Cost:
Check-in Date:	Check-out Date:
Notes:	

Accommodation:	
Address:	
Contact #:	Cost Per Night:
Reservation #:	Total Cost:
Check-in Date:	Check-out Date:
Notes:	

ACTIVITY DETAILS

Activity:	
Location:	
Time:	Cost:
Mode of Transportation:	Transportation Cost:
Details:	

Activity:	
Location:	
Time:	Cost:
Mode of Transportation:	Transportation Cost:
Details:	

Activity:	
Location:	
Time:	Cost:
Mode of Transportation:	Transportation Cost:
Details:	

Activity:	
Location:	
Time:	Cost:
Mode of Transportation:	Transportation Cost:
Details:	







TRANSPORTATION DETAILS

Mode of Transportation:			
Company:		Phone:	
Destination Address:			
Reservation #:			
Route:			
	Date	Time	Cost
Pick-up			
Drop-off			
Notes:			

Mode of Transportation:			
Company:		Phone:	
Destination Address:			
Reservation #:			
Route:			
	Date	Time	Cost
Pick-up			
Drop-off			
Notes:			

Mode of Transportation:			
Company:		Phone:	
Destination Address:			
Reservation #:			
Route:			
	Date	Time	Cost
Pick-up			
Drop-off			
Notes:			

TRAVEL JOURNAL

Date:	Location:
Day #:	Weather:      
Quote Of The Day:	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

TRAVEL JOURNAL - WEEKLY

DATE:



DATE:



DATE:



DATE:



DATE:



DATE:



DATE:



TRAVEL ITINERY

Destination: _____	Location: _____
Departure: _____	Arrival: _____
Return Date: _____	Home Arrival: _____

DEPARTURE DETAILS

LEAVE HOME AT: _____

Transportation #1:	
Arrive at Airport/Station:	Flight/Terminal Number:
Departure Time:	Arrival Time:
Seat #:	Notes:

Transportation #1:	
Arrive at Airport/Station:	Flight/Terminal Number:
Departure Time:	Arrival Time:
Seat #:	Notes:

RETURN DETAILS

LEAVE ACCOMMODATION AT: _____

Transportation #1:	
Arrive at Airport/Station:	Flight/Terminal Number:
Departure Time:	Arrival Time:
Seat #:	Notes:

Transportation #1:	
Arrive at Airport/Station:	Flight/Terminal Number:
Departure Time:	Arrival Time:
Seat #:	Notes:

TRAVEL BUDGET PLANNER

Destination: _____

Total Budget: _____ Total Spend: _____

Expense	Budget	Actual	Difference
<input type="checkbox"/>			
<input type="checkbox"/>			
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<input type="checkbox"/>			

NOTES:

VACATION BUDGET

TRANSPORTATION	BUDGET	ACTUAL
TOTAL :		

ACCOMODATION	BUDGET	ACTUAL
TOTAL :		

ENTERTAINMENT	BUDGET	ACTUAL
TOTAL :		

ACTIVITIES	BUDGET	ACTUAL
TOTAL :		

FOOD & DRINK	BUDGET	ACTUAL
TOTAL :		

OTHER	BUDGET	ACTUAL
TOTAL :		

VACATION BUDGET

TRANSPORTATION	BUDGET	ACTUAL
TOTAL :		

ACCOMODATION	BUDGET	ACTUAL
TOTAL :		

FOOD & DRINK	BUDGET	ACTUAL
TOTAL :		

ACTIVITIES	BUDGET	ACTUAL
TOTAL :		

ENTERTAINMENT	BUDGET	ACTUAL
TOTAL :		












OTHER	BUDGET	ACTUAL
TOTAL :		

NOTES:

TRAVEL EXPENSE TRACKER

[illegible]

DAILY ITINERARY

Country:				City:						
Date: / /				Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Transportation:     				Weather:      						

Schedule

1 am	
2 am	
3 am	
4 am	
5 am	
6 am	
7 am	
8 am	
9 am	
10 am	
11 am	
12 pm	
1 pm	
2 pm	
3 pm	
4 pm	
5 pm	
6 pm	
7 pm	
8 pm	
9 pm	
10 pm	
11 pm	
12 am	

Notes:

Meals

Breakfast

Lunch

Dinner

Snacks

Today's Activities

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Purchases

	\$
	\$
	\$
	\$
	\$

WEEKLY ITINERARY

THE WEEK OF: _____

MONDAY	TUESDAY	WEDNESDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNDAY	THIS WEEK'S FOCUS	NOTES:
<input type="checkbox"/>	<div></div>	
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		

PRIORITIES
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MONTHLY ITINERARY

MONTH: _____

MON	TUE	WED	THU	FRI	SAT	SUN
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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PRIORITIES

- ☐ _____
- ☐ _____
- ☐ _____

NOTES:

TO DO

- _____
- _____
- _____
- _____
- _____
- _____

ACCOMMODATION RESEARCH

DESTINATION:	
NAME:	
<input type="checkbox"/> HOTEL <input type="checkbox"/> RESORT <input type="checkbox"/> RENTAL <input type="checkbox"/> HOSTEL <input type="checkbox"/> CAMPING <input type="checkbox"/> AIRBNB OTHER:	
LOCATION:	PHONE:
TOTAL COST:	GUEST RATINGS:
AMENITIES:	
PROS:	CONS:
NOTES:	

DESTINATION:	
NAME:	
<input type="checkbox"/> HOTEL <input type="checkbox"/> RESORT <input type="checkbox"/> RENTAL <input type="checkbox"/> HOSTEL <input type="checkbox"/> CAMPING <input type="checkbox"/> AIRBNB OTHER:	
LOCATION:	PHONE:
TOTAL COST:	GUEST RATINGS:
AMENITIES:	
PROS:	CONS:
NOTES:	

ACCOMMODATION BOOKED

NAME:	
ADDRESS:	
NUMBER OF NIGHTS:	DATE BOOKED:
CHECK-IN:	CHECK-OUT:
WEBSITE:	PHONE #:
BOOKING #:	TOTAL COST
NOTES:	

NAME:	
ADDRESS:	
NUMBER OF NIGHTS:	DATE BOOKED:
CHECK-IN:	CHECK-OUT:
WEBSITE:	PHONE #:
BOOKING #:	TOTAL COST
NOTES:	







TRAVEL BUCKET LIST

[illegible]

TRAVEL BUCKET LIST ~EXPERIENCES

[illegible]

ACTIVITY PLANNER

Date:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Destination:	Weather:      						

Activity:
Details:
Budget:
Hours:
Transportation:

Activity:
Details:
Budget:
Hours:
Transportation:

Activity:
Details:
Budget:
Hours:
Transportation:

Activity:
Details:
Budget:
Hours:
Transportation:

MUST EAT:

1. _____
2. _____
3. _____
4. _____
5. _____

MUST TRY:

1. _____
2. _____
3. _____
4. _____
5. _____

CLOTHING PLANNER

Destination:	Name:
--------------	-------

Date:		Date:		Date:	
Weather:		Weather:		Weather:	
Day:	Night:	Day:	Night:	Day:	Night:
Outfit:	Outfit:	Outfit:	Outfit:	Outfit:	Outfit:

Date:		Date:		Date:	
Weather:		Weather:		Weather:	
Day:	Night:	Day:	Night:	Day:	Night:
Outfit:	Outfit:	Outfit:	Outfit:	Outfit:	Outfit:

Date:		Date:		Date:	
Weather:		Weather:		Weather:	
Day:	Night:	Day:	Night:	Day:	Night:
Outfit:	Outfit:	Outfit:	Outfit:	Outfit:	Outfit:

TRAVEL PLANNER

	Places To Go	Things To Do	Places To Eat	Details
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

TRAVEL PLANNER WEEKLY OVERVIEW

Date:	Destination:
Duration:	Weather:

Places To See	Local Food To Try
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Day 1	Day 2	Day 3
Day 4	Day 5	Day 6
Day 7	Other:	

WHERE TO EAT - RESEARCH

[illegible][illegible][illegible]

Notes:

[illegible]

PLACES TO EAT - REVIEW

[illegible]

PLACES TO VISIT

[illegible]

THINGS TO DO - RESEARCH

[illegible]

BASIC LOCAL PHRASES

Country:	Language:
----------	-----------

[illegible]

CULTURAL DETAILS

Language & Greetings

Clothing & Accessories

Food & Tipping

Traditions & Celebrations

Art & Music

Leaders & Politics

Fun Facts

SOUVENIR SHOPPING

For:		For:	
Item:		Item:	
Shop:		Shop:	
Notes:		Notes:	
Price:		Price:	

For:		For:	
Item:		Item:	
Shop:		Shop:	
Notes:		Notes:	
Price:		Price:	

For:		For:	
Item:		Item:	
Shop:		Shop:	
Notes:		Notes:	
Price:		Price:	

For:		For:	
Item:		Item:	
Shop:		Shop:	
Notes:		Notes:	
Price:		Price:	

SOUVENIR SHOPPING

Name	Gift Idea	Budget	✓

Places To Shop	

Notes:

DESTINATION PLANNER

Where:

When:



Details

Country:

Language:

Currency:

Time Difference:

Exchange Rate:

Number Of Days:

Number Of Nights:

Total Budget:

Top Attractions

☐

☐

☐

☐

☐

Need To Comply

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Notes:



Destination

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

DAY TRIP RESEARCH

Destination:	How far is it?
How to get there?	Cost:
Departure Time:	Arrival Time:
Total Travel Time:	Is one day enough?
What To See:	
Notes:	

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Total Travel Time:	Is one day enough?
What To See:	
Notes:	

TRIP SUMMARY

Destination:		Duration:	
Start Date:	Return Date:		Budget:
Weather:			No. Of People Going:

Flight/Transport	Accommodation

Plans & Activities

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

Details, Tips & Notes

JOURNEY ROADMAP

DATE:	TIME:
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START	JOURNEY BREAKS	DISTANCE
END	CITY	DESTINATION

ROUTE MAPPING

ROAD TRIP PLANNER

LEAVE DATE:	RETURN DATE:	
MAIN DESTINATION:	DISTANCE:	BUDGET:

PLACES TO STOP AND EXPLORE:

WHERE TO STAY FOR THE NIGHT

WHAT TO PACK IN THE CAR	CAR MAINTENANCE	EXPENSES
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL INFORMATION

Name:	Birthday:
Address:	
Phone #:	Blood Type:

Insurance:	Policy #:
Address:	Phone #:
Start Date:	Expiry Date:

Medical Conditions

Allergies

Current Medication

Dosage

Emergency Contacts

Name:	Phone:
Address:	
Relationship:	

Name:	Phone:
Address:	
Relationship:	

EMERGENCY INFORMATION

Police Department	Fire Department	Hospital	Poison Control
EMERGENCY CONTACT DETAILS			
Name:		Phone:	
Relationship:		Work Phone:	
Name:		Phone:	
Relationship:		Work Phone:	
Name:		Phone:	
Relationship:		Work Phone:	
CHILDREN			
Name:	Name:	Name:	
Age:	Age:	Age:	
Health:	Health:	Health:	
Name:	Name:	Name:	
Age:	Age:	Age:	
Health:	Health:	Health:	
INSURANCE			
Insurance:		Policy #:	
Address:			Phone #:
DOCTOR			
Name:		Phone #:	
Address:			
HOUSE INFORMATION			
Address:			
First Aid Kit:		Gas On/Off Valve:	
Breaker Panel:		Water On/Off:	
Fire Extinguisher:		Emergency Cash:	
OTHER			

HOUSE SITTER INFORMATION

Departure Date:	Arrival Date:
Home Address:	
Phone #:	2nd Phone #:
EMERGENCY CONTACTS	
Name:	Phone:
Address:	
Relationship:	
Name:	Phone:
Address:	
Relationship:	
OUR TRAVEL INFORMATION	
Hotel:	
Address:	Phone#:
Dates of Stay:	
Hotel:	
Address:	Phone#:
Dates of Stay:	
PET CARE DETAILS:	
REMINDERS / SPECIAL INSTRUCTIONS:	
Wi Fi Password:	Alarm Code:

PRE-TRIP TO-DO LIST

8-10 MONTHS BEFORE

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4-6 MONTHS BEFORE

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1-3 MONTHS BEFORE

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1-2 WEEKS BEFORE

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2 DAYS BEFORE

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DAY I LEAVE

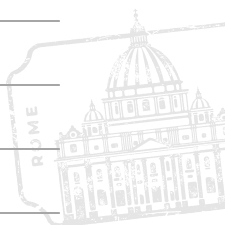
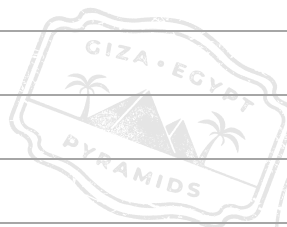
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PRE-TRIP SHOPPING LIST

[illegible]

TRAVEL MEMORIES

A space to write down all the memorable adventures of your trip.



MY ADVENTURES

Write down your memorable moments, add stickers, stubs
travel receipts or unforgettable photos here.

