



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
- Onsie
- 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"/>		

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 - 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:

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:

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

Purchases

	\$
	\$
	\$
	\$
	\$

WEEKLY ITINERARY

THE WEEK OF: _____

MONDAY

<input type="checkbox"/>	_____

TUESDAY

<input type="checkbox"/>	_____

WEDNESDAY

<input type="checkbox"/>	_____

THURSDAY

<input type="checkbox"/>	_____

FRIDAY

<input type="checkbox"/>	_____

SATURDAY

<input type="checkbox"/>	_____

SUNDAY

<input type="checkbox"/>	_____

THIS WEEK'S FOCUS

PRIORITIES

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

NOTES:

MONTHLY ITINERARY

MONTH: _____

MON	TUE	WED	THU	FRI	SAT	SUN

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:	

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"/>

Day 1	Day 2	Day 3

Day 4	Day 5	Day 6

Day 7	Other:

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

Notes:

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:	

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:	

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:	

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:	

JOURNEY ROADMAP

DATE:	TIME:
-------	-------

START

JOURNEY BREAKS

DISTANCE

END

CITY

DESTINATION

ROUTE MAPPING

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			

PRE-TRIP TO-DO LIST

8-10 MONTHS BEFORE

<input type="checkbox"/>

1-2 WEEKS BEFORE

<input type="checkbox"/>

4-6 MONTHS BEFORE

<input type="checkbox"/>

2 DAYS BEFORE

<input type="checkbox"/>

1-3 MONTHS BEFORE

<input type="checkbox"/>

DAY I LEAVE

<input type="checkbox"/>

MY ADVENTURES

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

