

BOYS

TEEN BOY 14+

| <u>Size</u> | <u>Size #</u> | <u>Age</u> |
|-------------|---------------|---------------|
| XS | 2 - 4 | 4-5 years |
| S | 6 - 8 | 6 - 8 years |
| M | 10 - 12 | 9 - 10 years |
| L | 14 - 16 | 11 - 12 years |
| XL | 18 - 20 | 13 -14 years |

| <u>Size</u> | <u>Waist Size #</u> |
|-------------|---------------------|
| S | 30-32 |
| M | 32-34 |
| L | 34-36 |
| XL | 36-38 |
| XXL | 38-40 |
| XXXL | |

| <u>Check</u> | <u>Quantity</u> | <u>Items</u> |
|--------------------------|-----------------|---------------------------|
| <input type="checkbox"/> | 3 - 4 | Underwear |
| <input type="checkbox"/> | 4 | Socks |
| <input type="checkbox"/> | 1 | Pajamas |
| <input type="checkbox"/> | 2 | T-shirts |
| <input type="checkbox"/> | 1 | Pant |
| <input type="checkbox"/> | 1 | Shorts |
| <input type="checkbox"/> | 1 | Deodorant - Size 8 and Up |
| <input type="checkbox"/> | 1 | Shampoo |
| <input type="checkbox"/> | 1 | Conditioner |
| <input type="checkbox"/> | 1 | Soap Bar OR Body Wash |
| <input type="checkbox"/> | 1 | Loofa |
| <input type="checkbox"/> | 1 | Toothbrush |
| <input type="checkbox"/> | 1 | Toothpaste |
| <input type="checkbox"/> | 1 | Comb |
| <input type="checkbox"/> | 1 | Belt |

| <u>Check</u> | <u>Quantity</u> | <u>Items</u> |
|--------------------------|-----------------|-----------------------|
| <input type="checkbox"/> | 3 - 4 | Underwear |
| <input type="checkbox"/> | 4 | Socks |
| <input type="checkbox"/> | 1 | Pajamas |
| <input type="checkbox"/> | 2 | T-shirts |
| <input type="checkbox"/> | 1 | Pant...Waist # _____ |
| <input type="checkbox"/> | 1 | Shorts |
| <input type="checkbox"/> | 1 | Deodorant |
| <input type="checkbox"/> | 1 | Shampoo |
| <input type="checkbox"/> | 1 | Conditioner |
| <input type="checkbox"/> | 1 | Soap Bar OR Body Wash |
| <input type="checkbox"/> | 1 | Loofa |
| <input type="checkbox"/> | 1 | Toothbrush |
| <input type="checkbox"/> | 1 | Toothpaste |
| <input type="checkbox"/> | 1 | Comb |
| <input type="checkbox"/> | 1 | Belt |

| | | |
|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | 1 | Throw Blanket |
| <input type="checkbox"/> | 1 | Stuffed Animal |
| <input type="checkbox"/> | 2 | Books |
| <input type="checkbox"/> | 1 | Twin Bed Sheet Set (10+ year old) |
| <input type="checkbox"/> | 1 | Pillowcase |

| | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | 1 | Throw Blanket |
| <input type="checkbox"/> | 1 | Stuffed Animal |
| <input type="checkbox"/> | 2 | Books |
| <input type="checkbox"/> | 1 | Twin Bed Sheet Set |
| <input type="checkbox"/> | 1 | Pillowcase |

| | | |
|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | 1 | Handwritten Note of Encouragement |
|--------------------------|---|-----------------------------------|

| | | |
|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | 1 | Handwritten Note of Encouragement |
|--------------------------|---|-----------------------------------|

School Supplies:

| | | |
|--------------------------|---|---------------------------------------|
| <input type="checkbox"/> | 3 | Pencils #2 |
| <input type="checkbox"/> | 1 | Pencil Sharpener |
| <input type="checkbox"/> | 2 | Ink Pens |
| <input type="checkbox"/> | 1 | Glue Stick |
| <input type="checkbox"/> | 1 | Spiral Notebook |
| <input type="checkbox"/> | 3 | Crayons OR Markers OR Colored Pencils |
| <input type="checkbox"/> | 1 | Child Scissors |

| | | |
|--------------------------|---|---------------------------------------|
| <input type="checkbox"/> | 3 | Pencils #2 |
| <input type="checkbox"/> | 1 | Pencil Sharpener |
| <input type="checkbox"/> | 2 | Ink Pens |
| <input type="checkbox"/> | 1 | Spiral Notebook |
| <input type="checkbox"/> | 3 | Crayons OR Markers OR Colored Pencils |
| <input type="checkbox"/> | 1 | Scissors |

EXTRAS

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | | Toy |
| <input type="checkbox"/> | | Art Supplies |
| <input type="checkbox"/> | | Cap |
| <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | | _____ |

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | | Toy |
| <input type="checkbox"/> | | Art Supplies |
| <input type="checkbox"/> | | Cap |
| <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | | _____ |