Scouting America
NORTHERN NEW JERSEY COUNCIL

National Youth Leadership Training
Frequently Asked Questions (FAQ's)

General Overview

Q: What is National Youth Leadership Training (NYLT)?

A: NYLT is a six-day leadership training course focused on teaching and teaching how to teach Scouts modeling one month in the life of a Scouting unit using the Patrol Method and principles of servant leadership. We will be following the Family Troop / Single Troop model with single gender patrols.

Q: Who can attend NYLT?

A: Youth (male and female) must be a registered member of a Scouting Unit. They must hold, or intend to hold, a unit leadership position. Scouts BSA must be at least 13 years of age, (14 preferred), and fall within the maximum age allowance for their program registration. They must be the ranked of First Class or higher and have completed Introduction to Leadership Skills for Troops. Venturers and Sea Scouts must be at least 14, or 13 and have completed eighth grade, and fall within the maximum age allowance for their program. They must have completed Introduction to Leadership Skills for Crews or Ships. All participants **must have** a Unit Leader recommendation.

Q: What can my Scout expect at NYLT?

A: NYLT is not a summer camp. Instead of fulfilling merit badge requirements, Scouts will learn how to write visions, goals, experience the stages of team development and work on their definition of personal leadership. The topics presented and skills developed will serve Scouts well in all future endeavors as young adults. All this information is established by the BSA nationally via the NYLT Syllabus. Each participant will rotate through various patrol positions and each respective participant will serve as Patrol Leader for one day during the week.

Q: What is the schedule like?

A: The schedule is quite vigorous starting early in the morning with the days ending around 9:30 PM every night. A high-level overview is included in this PDF.

Q: How much planning goes into NYLT?

A: Following the end and close-out of the August 2025 NYLT course, the planning for the August 2026 course began.

Q: What is the Location/ What is the address?

A: If you have not been to Camp Yaw Paw, it is a 2-mile long, one-lane road into camp with only a few places to pull over. So please obey the staff regulating the direction of traffic up and down the road. The address is:

100 Bear Swamp Rd, Mahwah, New Jersey 07430

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Health & Safety

Q: What standards does NYLT follow?

A: This year's course has approximately 40 (youth and adult) total volunteer staff members who are all BSA registered members. The youth staff are graduates of the NYLT program. All staff are Safeguarding Youth Trained (SYT) and are also trained in the Peer-on-Peer Abuse training that summer camp staff undergo. NYLT is designated as a Short-Term camp and abides by the National Camp Accreditation Program (NCAP) requirements. The Course Director/Asst. Course Director attend the required Course Development Conference within the previous 24 month to serve on the course. Per the local health department mandate, we have a NJ state certified EMT on our staff serving as the Health Officer. The Head of Commissary is SERV Safe certified.

Q: Can I use another medical form like one from a school/sport physical to satisfy Part C of the BSA Medical Form?

A: No, Part C of the BSA Medical form must be completed and signed by a medically certified and licensed physician. We will not accept any other type of non-BSA medical as satisfaction of completing this mandatory requirement.

Q: How will prescription medications be stored?

A: The Course EMT will store and dispense all prescription medications. The only medications that a Scout must have on his/herself the entire time are an emergency rescue inhaler and/or an epi pen.

Food

Q: How will food be served at NYLT this year?

A: ALL meals will be cooked by the patrols in their patrol sites. The food and gear are provided to them by the Commissary.

Q: Who do I need to notify about food allergies and dietary requirements?

A: ALL food allergies and dietary needs must to be provided to us in advance. During the registration process, we ask about medical/health conditions, dietary needs, and food/medical allergies so that we are aware of them in advance to help us plan properly. Please ensure that you submitted this information during the registration process. If you make any changes online, please let us know via email that you made changes (you do not need to specify the changes made in the email notification to us).

Sleeping Arrangements

Q: What are the sleeping arrangements at NYLT?

A: All participants will be separated into patrols of 4 to 7 similar aged Scouts and assigned a patrol site in their respective Troop. Participants will need to bring their own tent and will be sleeping in their own tent. We are not providing any camp tents or camp cots. Female participants will be sleeping in their own designated site, away

from youth male participants. At each participant campsite there will be appropriate leadership coverage within sight and sound of the campsite as stated by the guide to safe scouting and New Jersey State Law.

Logistics

Q: What is the registration check-in process?

A: Upon arrival, follow instructions given by the staff. The BSA medical form will be re-checked by the Course EMT, consulting Course Doctor, and/or respective Scoutmaster.

Q: What time do I need to arrive on Sunday, August 16th?

A: Arrival time to Camp Yaw Paw is 8:00-9:00 AM. Outbound traffic will be held to wait for suitable breaks in upward traffic. If you need to arrive later than 9:30am you must notify us prior to August 16th otherwise the gate will be locked after the last vehicle dropping off has left camp. We are not allowed to leave the gate unlocked when not guarded by an adult staff member.

Q: What time is pick-up on Saturday, August 22nd at Camp Yaw Paw?

A: Pick-up time is being planned for 9 AM as the Course Graduation Ceremony will start around that time. Parents & Families are welcome to the Ceremony. Please plan to arrive early to facilitate road traffic and parking as well as the 15 minute walk to the A-field graduation location. Gate will be unlocked from 8am to 9am for arrivals only. After 9am, traffic on the road will be coordinated by adult staff at both ends to ensure one way traffic on the road for safety.

Q: What if I am unable to pick up my Scout on Saturday, August 22nd?

A: Alternative arrangements will have to be made so that your Scout is picked up by an authorized adult. Please make these arrangements using the following email address as a point of contact: Marty.Vreeland@nylt.scoutingnnj.org and Billy.Cook@nylt.scoutingnnj.org

Q. What if I want to pick up my Scout Early?

A: Early dismissal is at the discretion of the adult leadership and the course director. If the individual picking up the Scout is not the parent/guardian, they need to be listed on part A of the BSA medical form. Adult picking up the participant will need to show a government-issued ID for verification purposes and sign them out at the Health Lodge/Office. If Scout leaves course too early, missing core elements, then they will not graduate.

Q: What steps are in place for my Scout to go home with another parent/designated adult?

A: We have strict procedures that we follow during departure to ensure that all participants go home with their parents or authorized adults as designated on Part A of the BSA Medical Form. All parents/authorized adults will need to sign their Scout out before leaving camp.

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Forms & Paperwork

Q: How many forms does my Scout need to attend NYLT?

A: There are many forms needed for all participants. To keep this streamlined and as convenient as possible for you, we have included the list of forms on the packing list, and they are also included in this PDF document. Here is an overview:

- **BSA Medical Form (parts A, B1, B2, C)** along with required attachments
  - Part C – requires a doctor's signature.
    We need 1 copy of **both sides** of health insurance card
- **Acknowledgement of Course Code of Conduct Free from Discrimination and Harassment Form**
- **Picture Order Form (along with cash payment)**
- Bring these forms to camp and keep original/copy of all the forms at home.

Q: Do I receive my Scout's medical form back after NYLT ends?

A: Generally, we do not retain copies of any participant's medical form, but occasionally we are required to keep them. We prefer you send legible copies in case we cannot return your medical form. Returned medical forms are included inside a packet that will be provided to each NYLT graduate at the Graduation ceremony on Saturday morning, August 22nd.

Communication with Camp Yaw Paw

Q: What is the best way to reach someone during NYLT?

A: For Non-Urgent messages, it is best to email to the addresses listed below. Mobile phone service can be frustrating while at camp as service is spotty. Please only try to call if there is an urgent message, texting actually has a better chance of reaching someone faster. Our Contact Information:

Course Director: Marty Vreeland
marty.vreeland@nylt.scoutingnnj.org
917-796-1904 (mobile phone)

Asst Course Dir: Billy Cook
billy.cook@nylt.scoutingnnj.org
201-566-5036 (mobile phone)

Camp Landline: 201-677-1000 ext 128

If calling any of the above numbers, Please leave as detailed a message as possible, being sure to include your name and a return number.

If a Scout must make an important call out, he or she would be permitted to use an adult staff's cell phone if service available or the camp landline phone.

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Uniform Expectations & Packing List

Q: What is the uniform for NYLT?

A: Participants will arrive in their full "Class A" uniform and will wear this for most of the course. We issue 2 "Class B" T-shirts to each participant and those will be worn underneath their "Class A." Depending on the activity, weather, etc, participants will be allowed to remove their Class "A" to keep it clean and to stay cool in hot weather.

Q: How do I order additional NYLT "Class B" T-shirts?

A: Orders for additional T-shirts should be made at the time of registration to be sure we can fill your order. T-shirts are $13 each and we recommend the additional purchase of another 2 or 3 "Class B" T-shirts (if you've not done so already). We also can accept additional orders of "Class B" T-shirts via e-mail and on the day of arrival at Camp on a first come first served basis. We accept cash or check at camp. if paying by check, make it payable to "NNJC NYLT". If you would like to verify the number of additional T-shirts ordered during the registration process, please e-mail: Marty.Vreeland@nylt.scoutingnnj.org and/or Ann.Murphy333@scouting.org

Q: What to not pack / what not to bring?

- **Hammocks** (no guarantee of appropriate trees in your patrol site)
- **Food items (unless medically necessary, please inform the staff upon medical form re-check)**
- **Trunks/Footlockers (Participants need to be able to carry all their gear)**
- **Anything not Scout Appropriate!**

Q: What does my Scout need to pack?

A: Please refer to the packing list included in this PDF file.

Questions/Comments/Concerns

Q: Who do I contact if I have additional questions, comments, or concerns about the course?

A: Please send e-mail correspondence to Marty.Vreeland@nylt.scoutingnnj.org and/or Billy.Cook@nylt.scoutingnnj.org

Q: Who do I contact if I have questions specifically regarding registration or NYLT scholarship?

A: Please send e-mail correspondence to Ann.Murphy333@scouting.org.

Any further questions and discussions regarding what to expect for the NYLT Course will be addressed during our NYLT Parent/Participant Meeting which will be held in-person in late July or early August. Date, time, and location will be announced once finalized.

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? ☐ YES ☐ NO Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO Exp. date (if yes) _____

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature — MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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Part C: Pre-Participation Physical

C

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Skin issues	☐	☐	
Other	☐	☐	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
☐	☐	Meets height/weight requirements.
☐	☐	Has no uncontrolled heart disease, lung disease, or hypertension.
☐	☐	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ **Date:** _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

Acknowledgment of Course Code of Conduct Free from Discrimination and Harassment

I understand that:

1. Everyone has the right to live and study in an environment free from discrimination or harassment based on race, color, ethnicity, religion, gender, sexual orientation, age, disability, national origin, or citizenship.

2. It is my responsibility not to engage in behaviors that constitute discrimination or harassment.

3. It is my responsibility to report instances of discrimination or harassment (directed at me or another participant) to my NYLT Course Director or any adult on my NYLT course.

Comments and conduct that might be perceived as offensive include:

1. Using vulgar language.

2. Threatening another participant or staff member or making derogatory comments.

3. Mocking or telling jokes based on race, color, ethnicity, religion, gender, sexual orientation, age, disability, national origin, or citizenship.

4. Displaying degrading photographs, posters, or objects.

5. Reading out loud about degrading acts.

6. Touching (e.g., brushing, patting, hugging, rubbing, pinching) staff members or participants.

7. Staring or leering at participants or staff members.

I acknowledge that I have read and understand this statement.

_____ _____

Print Name Signature

_____ _____

Scout's email address Scout's phone number

2026 Picture Order Form

We will be having a professional photographer taking patrol and troop pictures of your Scout at some point early in the week. We are offering these as an optional additional item for purchase. Payment can be made via cash or check. If by check, please make check payable to "NNJC NYLT".

Participant Name: _____ **Patrol:** _____
(Patrol Named filled in by NYLT Staff once assigned)

Patrol Picture

Dimensions

4" x 6" **Price: $4.00** **Quantity:** _____

5" x 7" **Price: $5.00** **Quantity:** _____

8" x 10" **Price: $9.00** **Quantity:** _____

Troop Picture

Dimensions

4" x 6" **Price: $4.00** **Quantity:** _____

5" x 7" **Price: $5.00** **Quantity:** _____

8" x 10" **Price: $9.00** **Quantity:** _____

Total $_____ **Cash**_____ **Check** _____

NNJC Course

Packing List

High Priority

- ☐ BSA Medical form - parts A, B & C along with required attachments
  - ☐ Medicine(s) **if applicable**
- ☐ Acknowledgement of Course Code of Conduct form
- ☐ Patrol Picture Order form (+ payment)

Campsite (Sites do not have platforms)

- ☐ Tent (2-4 person preferred)
- ☐ Ground Cloth/Tarp
- ☐ Sleeping Bag
- ☐ Mat / Sleeping Pad
- ☐ Pillow (if desired)
- ☐ Camp Chair (important)

Clothing

- ☐ Essentials (underwear, pj's sweatshirt)
- ☐ Hiking Boots
- ☐ Rain Gear
- ☐ **Full Class A Uniform** which includes Scout shirt, shorts/pants, belt, socks, and NYLT issued neckerchief.
  - **NOTE: You must wear your Full Class A Uniform to morning flags, dinner, and when instructed**. When not in Class A, you will be expected to wear your NYLT issued Class B Shirt.
- ☐ OA Sash if a member (Monday is OA Day)

Tools

- ☐ **Day Pack (very important)**
- ☐ First-aid Kit
- ☐ Scout Handbook
- ☐ Pocketknife or Multitool
- ☐ Matches
- ☐ Flashlight/Headlamp
- ☐ Extra Batteries
- ☐ Watch
- ☐ Camera
- ☐ Notebook, Pen or Pencil
- ☐ Eating Utensils
- ☐ Mess Kit
- ☐ Reusable Cup or Insulated Mug
- ☐ Reusable Water Bottle

Toiletries

- ☐ Toothbrush, Toothpaste and Dental Floss
- ☐ Deodorant
- ☐ Shampoo/Conditioner
- ☐ Soap
- ☐ Comb/Brush
- ☐ Hand Sanitizer
- ☐ Towel
- ☐ Washcloth
- ☐ Shower Shoes
- ☐ Toilet Paper
- ☐ Insect Repellent
- ☐ Sun Protection: might include sunblock, sunglasses, lip balm and a wide-brimmed hat.