

DAY-OF EMERGENCY KIT

On the "BIG" day, you will have lots of details to keep track of! Make your day-of beauty schedule easy. Get your packing list in order ahead of time and you'll have nothing to worry about when the big day arrives!

<input type="checkbox"/> Hairbrush	<input type="checkbox"/> Thong
<input type="checkbox"/> Comb	<input type="checkbox"/> Spanx
<input type="checkbox"/> Hairspray	<input type="checkbox"/> Pain Reliever
<input type="checkbox"/> Make-up Kit	<input type="checkbox"/> Deodorant
<input type="checkbox"/> Foundation	<input type="checkbox"/> Baby Wipes
<input type="checkbox"/> Cover Up	<input type="checkbox"/> To-go fabric stain removers
<input type="checkbox"/> Mascara	<input type="checkbox"/> Antacids
<input type="checkbox"/> Eyeliner	<input type="checkbox"/> Breath mints
<input type="checkbox"/> Eyeshadow	<input type="checkbox"/> Tampons and pads
<input type="checkbox"/> Lipstick & Matching Lipliner	<input type="checkbox"/> Band Aids
<input type="checkbox"/> Lip Gloss	<input type="checkbox"/> Double Sided tape
<input type="checkbox"/> Chapstick	<input type="checkbox"/> Lint Roller
<input type="checkbox"/> Blush or Bronzer	<input type="checkbox"/> Snacks
<input type="checkbox"/> Make-up Brushes	<input type="checkbox"/> Earring Backs
<input type="checkbox"/> Toothbrush & Toothpaste	<input type="checkbox"/> Corsage Pins
<input type="checkbox"/> Dental Floss	<input type="checkbox"/> Eye-drops/contact lens solution
<input type="checkbox"/> Mouthwash	<input type="checkbox"/> _____
<input type="checkbox"/> Tweezers	<input type="checkbox"/> _____
<input type="checkbox"/> Curling Iron/Straightener	<input type="checkbox"/> _____
<input type="checkbox"/> Shampoo & Conditioner	<input type="checkbox"/> _____
<input type="checkbox"/> Clear Nail Polish	<input type="checkbox"/> _____
<input type="checkbox"/> Bottled Water & Straws	<input type="checkbox"/> _____
<input type="checkbox"/> Tissues	<input type="checkbox"/> _____
<input type="checkbox"/> Bobby Pins	<input type="checkbox"/> _____
<input type="checkbox"/> Sewing Kit	<input type="checkbox"/> _____
<input type="checkbox"/> Safety Pins	<input type="checkbox"/> _____
<input type="checkbox"/> Panty Hose	<input type="checkbox"/> _____
<input type="checkbox"/> Shoe Polish	<input type="checkbox"/> _____
<input type="checkbox"/> Strapless Bra	<input type="checkbox"/> _____
<input type="checkbox"/> Nude Bra with Straps	<input type="checkbox"/> _____

Food Diary

Monday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Friday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Tuesday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Saturday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Wednesday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Sunday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

Thursday

breakfast _____

a.m. snack _____

lunch _____

p.m. snack _____

dinner _____

late snack _____

