

SHOPPING LIST

DATE _____

CLOTHING	BED / BATH	TOYS	GROCERY
KID'S ITEMS	FURNISHINGS	SEASONAL	PERSONAL CARE
SHOES	KITCHEN	ELECTRONICS	GIFTS

FAVORITE LOCAL SHOPPING

Shop/Market	Location / Hours	Favorite Items

PREPARING FOR OVERNIGHT GUESTS ARRIVAL DATE _____

One Month Prior	Two Weeks Prior	One Week Prior

Three Days Prior	Two Days Prior	One Day Prior

Last Minute Details

Notes:

YEAR-AT-A-GLANCE

LOCATION _____

January	July
February	August
March	September
April	October
May	November
June	December