



BLACK & ABROAD JOURNEYS:  
**CARTAGENA**  
 AN UNFORGETTABLE LATIN FLING

**BLACK & ABROAD JOURNEYS PACKING CHECKLIST**

	CATEGORY	ITEM	WHICH BAG?
<input type="checkbox"/>	CLOTHING	Underwear for 7 Days	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Socks for 7 Days	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Shirts for 7 Days	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Pants/Shorts for 7 Days	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	“Night On The Town” casual outfit	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Hat	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Bathing Suit	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Closed-toed Walking Shoes	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Light Sweater/Jacket	CHECKED OR CARRY-ON
<input type="checkbox"/>	CLOTHING	Sunglasses	CHECKED OR CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Mobile Phone	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Laptop/Tablet	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Charging Cords (Mobile Phone, Laptop, Tablet)	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Travel Adapter	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Headphones	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Camera	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	Memory Card	CARRY-ON
<input type="checkbox"/>	ELECTRONICS	WhatsApp Messaging App	MOBILE PHONE
<input type="checkbox"/>	IDENTIFICATION	Additional form of I.D. (Driver’s License or State/Gov. Issued ID)	CARRY-ON
<input type="checkbox"/>	IDENTIFICATION	Emergency Contact Info	CARRY-ON
<input type="checkbox"/>	IDENTIFICATION	Paper/Digital Copy of Passport	CARRY-ON
<input type="checkbox"/>	IDENTIFICATION	Passport	CARRY-ON
<input type="checkbox"/>	IDENTIFICATION	Travel Insurance Info	CARRY-ON
<input type="checkbox"/>	MONEY	Emergency Cash	CARRY-ON
<input type="checkbox"/>	MONEY	Credit/Debit Cards	CARRY-ON
<input type="checkbox"/>	TOILETRIES	Medications	CARRY-ON
<input type="checkbox"/>	TOILETRIES	Chapstick	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Deodorant	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Hair Brush/Comb	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Lotion	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Mouthwash	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Perfume/Cologne	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Sunscreen	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Toothbrush	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Toothpaste	CHECKED OR CARRY-ON
<input type="checkbox"/>	TOILETRIES	Soap/Body Wash	CHECKED OR CARRY-ON