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# FIRST NIGHT CHECKLIST



<input type="checkbox"/>	COFFEE MAKER & COFFEE
<input type="checkbox"/>	TOILET PAPER & PAPER TOWELS
<input type="checkbox"/>	HAND SOAP
<input type="checkbox"/>	TRASH BAGS
<input type="checkbox"/>	DISPOSABLE PLATES, CUPS, CUTLERY
<input type="checkbox"/>	TOOTHBRUSH AND TOOTHPASTE
<input type="checkbox"/>	PHONE CHARGERS
<input type="checkbox"/>	CLEANING SUPPLIES
<input type="checkbox"/>	SET OF SHEETS FOR EACH BED
<input type="checkbox"/>	MEDICINE
<input type="checkbox"/>	REMOTE CONTROLS

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