

## CHECKLIST 2020

Please tick items included and firmly secure this list on your shoebox lid.

### ESSENTIAL ITEMS (ALL ITEMS MUST BE NEW):

Please include the following items highlighted in the top box.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Toothbrush and Toothpaste</b> | <input type="checkbox"/> <b>Small Toy</b> for boys and girls such as cars, dolls, balls. Please only include new shop-bought toys.  |
| <input type="checkbox"/> <b>Hat, scarf, gloves</b>        | <input type="checkbox"/> <b>Sweets</b> (No chocolate or any other food) 'Best Before' date no earlier than March 2021. <b>No loose sweets, lollies or undated bags of sweets.</b> |
| <input type="checkbox"/> <b>Soap</b>                      |   |
| <input type="checkbox"/> <b>Underwear</b>                 |   |

**Do not include** used or damaged items; war related items such as toy guns or knives or military figures; hand-made or knitted stuffed toys; chocolate or any food other than sweets. Chocolate Eclairs and Chocolate Limes are not allowed; books that are mainly words should also not be included.

#### Toiletries (NO TALCUM POWDER)

- |  |  |
|--|--|
| <input type="checkbox"/> Shampoo                 | <input type="checkbox"/> Household Candles   |
| <input type="checkbox"/> Soap/Shower gel         | <input type="checkbox"/> Screwdrivers/Pliers |
| <input type="checkbox"/> Face cloth/ Moist wipes | <input type="checkbox"/> Kitchen Utensils    |
| <input type="checkbox"/> Deodorant               |  |
| <input type="checkbox"/> Moisturising Cream      |  |
| <input type="checkbox"/> Comb/Brush              |  |
| <input type="checkbox"/> Sanitary Products       |  |
| <input type="checkbox"/> Shaving foam/Razors     |  |
| <input type="checkbox"/> Socks/Tights            |  |

#### Stationery

- |   |
|---|
| <input type="checkbox"/> Pens/Pencils/Sharpener   |
| <input type="checkbox"/> Notepads/Colouring books |
| <input type="checkbox"/> Rulers/Rubbers           |

#### Clothes and other Items

(T-shirts/Pyjamas/Jumpers/Shirts) etc

#### Miscellaneous

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> New Make-up      | <input type="checkbox"/> ..... |
| <input type="checkbox"/> Sewing Equipment | <input type="checkbox"/> ..... |
|   | <input type="checkbox"/> ..... |

PLEASE TICK THE BOX NEXT TO WHO THE BOX IS FOR

Please specify the age of the girl or boy you have filled this box for:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Girl - age</b> .....         | <input type="checkbox"/> <b>Boy - age</b> .....         |
| <input type="checkbox"/> <b>Teenage Girl - age</b> ..... | <input type="checkbox"/> <b>Teenage Boy - age</b> ..... |
| <input type="checkbox"/> <b>Woman</b> .....              | <input type="checkbox"/> <b>Man</b> .....               |
| <input type="checkbox"/> <b>Elderly woman</b> .....      |   |

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