

Day/Date: \_\_\_\_\_

How long? \_\_\_\_\_

Transport: \_\_\_\_\_



Paste the picture you took.

With whom do you go?

Packing list:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

To do list:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Summary:



Things you like in this place:

The next places you want to visit:

