Daniel Fasting 21 Days Food List

DANIEL FASTING 21 DAYS FOOD LIST

Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name: ____________________ Date completed: ____________ dd / mm / yyyy

Date of birth: ____________ dd / mm / yyyy Record / MRN number: ____________________

Prepared by: ____________________ Date: ____________ dd / mm / yyyy

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

ESSENTIALS

- [ ] Essentials

DOCUMENTS AND PAPERWORK

- [ ] Documents and paperwork

USEFUL BUT OPTIONAL

- [ ] Useful but optional

ANYTHING ELSE

Item: ____________________ Quantity: ____________________

Who is bringing it: ____________________ Confirmed: ____________________

Item: ____________________ Quantity: ____________________

Who is bringing it: ____________________ Confirmed: ____________________

Item: ____________________ Quantity: ____________________

Who is bringing it: ____________________ Confirmed: ____________________

Item: ____________________ Quantity: ____________________

Who is bringing it: ____________________ Confirmed: ____________________

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Item: ____________________ Quantity: ____________________

Who is bringing it: ____________________ Confirmed: ____________________

NOTES

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