

## ★ PARTY PLANNER ★

<b>Invitations</b> <input type="checkbox"/> Theme <input type="checkbox"/> Date/Time <input type="checkbox"/> Location <input type="checkbox"/> _____ <hr/> <b>Decorations</b> <input type="checkbox"/> _____ <hr/> <b>Activities</b> <input type="checkbox"/> Games <input type="checkbox"/> Music <input type="checkbox"/> _____ <hr/> <b>Guest List</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> <b>Serving</b> <input type="checkbox"/> Plates <input type="checkbox"/> Bowls <input type="checkbox"/> Spoons/Forks/Knives <input type="checkbox"/> Napkins <input type="checkbox"/> Cups <input type="checkbox"/> _____	<b>Drinks</b> <input type="checkbox"/> Alcoholic/Wine/Beer <input type="checkbox"/> Non-Alcoholic <input type="checkbox"/> Coffee/Tea/Seltzer <input type="checkbox"/> Ice <input type="checkbox"/> _____ <hr/> <b>Snacks/Appetizers</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> <b>Salad/Soup</b> <input type="checkbox"/> _____ <hr/> <b>Bread/Rolls</b> <input type="checkbox"/> _____ <hr/> <b>Main Dishes</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> <b>Side Dishes</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> <b>Dessert</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Shopping List</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> <b>To Do:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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