

★ PARTY PLANNER ★

Invitations <input type="checkbox"/> Theme <input type="checkbox"/> Date/Time <input type="checkbox"/> Location <input type="checkbox"/> _____ <hr/> Decorations <input type="checkbox"/> _____ <hr/> Activities <input type="checkbox"/> Games <input type="checkbox"/> Music <input type="checkbox"/> _____ <hr/> Guest List <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/> Serving <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"/> _____	Drinks <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/> Snacks/Appetizers <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> Salad/Soup <input type="checkbox"/> _____ <hr/> Bread/Rolls <input type="checkbox"/> _____ <hr/> Main Dishes <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> Side Dishes <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> Dessert <input type="checkbox"/> _____ <input type="checkbox"/> _____	Shopping List <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"/> _____ <input type="checkbox"/> _____ <hr/> To Do: <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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