

PARTY PLANNING CHECKLIST

DATE _____ TIME _____ LOCATION _____

| | | |
|--------------------------|--------------------|---------------|
| <input type="checkbox"/> | •SET DATE AND TIME | SHOPPING LIST |
| <input type="checkbox"/> | •DECIDE BUDGET | _____ |
| <input type="checkbox"/> | •GUEST LIST | _____ |
| <input type="checkbox"/> | •THEME | _____ |
| <input type="checkbox"/> | •SEND INVITATIONS | _____ |
| <input type="checkbox"/> | •CATERING | _____ |
| <input type="checkbox"/> | •PARTY BAGS | _____ |
| <input type="checkbox"/> | •ENTERTAINMENT | _____ |
| <input type="checkbox"/> | •CAKE | _____ |
| <input type="checkbox"/> | •ORDER OF EVENTS | _____ |

FOOD AND DRINK

ORDER OF EVENTS
