

★ PARTY PLANNER ★

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