

Party Summary

Total Budget _____

Date:

Time:

Place:

Theme:

Number of guests:

List Completed

- Guest List**
- Food List**
- Drink List**
- Party Supply List**
- Entertainment List**
- Party Favor List**

Food List

Budget _____

Description

Grocery List

Price

Main Food

Side Dishes

Desserts

Snacks & Drinks

Drink List

Budget _____

Description

Shopping List

Price

Alcohol | Wine | Beer

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Non-Alcoholic | Juice

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Coffee | Tea | Water

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Ice

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
|--|--------------------------|--|

Other

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Entertainment List

Budget _____

Description

Shopping List |
Vendors

Price

Activities

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Games

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Music

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Other

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Party Favor List

Budget _____

Description

Shopping List

Price

Adults

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Kids

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

Other

| | | |
|--|--------------------------|--|
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |