

Halloween party planner



party theme: _____

Date: _____

Time: _____

Place: _____

guest list

(Check the box next to the name, once you receive an RSVP.)

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

Total number of guests: _____

TO DO List

Food and Drinks:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Games and Activities:

- _____
- _____
- _____
- _____
- _____
- _____

Decorations:

- _____
- _____
- _____
- _____
- _____
- _____

Costumes:

- _____
- _____
- _____
- _____
- _____
- _____

shopping list

Food and Drinks:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Games and Activities:

- _____
- _____
- _____
- _____
- _____
- _____

Decorations:

- _____
- _____
- _____
- _____
- _____
- _____

Costumes:

- _____
- _____
- _____
- _____
- _____
- _____