

Date / Day / Time:	Additional time:
Party Package: <input type="checkbox"/> Teeny Tiny Weekday Party <input type="checkbox"/> DIY <input type="checkbox"/> Themed	confirmation #
Party child(ren):	Age:
Parent(s):	Phone #:See attached
<input type="checkbox"/> Thank you cards <input type="checkbox"/> Gift card for party child <input type="checkbox"/> Invoice <input type="checkbox"/> Party Extras <input type="checkbox"/> EXTRA items <input type="checkbox"/> party count Party Theme:	<input type="checkbox"/> SOCK Tally _____

CHECKLIST

Purchased	Description	Notes
<input type="checkbox"/>	Table Set up	
<input type="checkbox"/>	Adult Paper products	
<input type="checkbox"/>	Kids Paper products	
<input type="checkbox"/>	Adult Table clothes	
<input type="checkbox"/>	Kids Table clothes	
<input type="checkbox"/>	Buffet Table cloth	
<input type="checkbox"/>	Cake Table Table cloth	
<input type="checkbox"/>	Runner	
<input type="checkbox"/>	Balloon color	
<input type="checkbox"/>	Coloring sheet	
<input type="checkbox"/>	underlay	
<input type="checkbox"/>	Center Piece	
<input type="checkbox"/>	Back Drop/Chalk Board	
<input type="checkbox"/>	Board Decoration	
<input type="checkbox"/>	Cake Table Decoration	
<input type="checkbox"/>	Favor Color: Tag:	pretzels ____ bubbles ____ lollipop ____ crayons ____
<input type="checkbox"/>	Bubbles Station	
<input type="checkbox"/>	Tattoo station	
<input type="checkbox"/>	Parachute Playtime	
<input type="checkbox"/>	Paint Station	Paint sheet theme _____
<input type="checkbox"/>	Sensory PLAY Station	Theme _____ water beads _____ rainbow noodles _____ play dough _____
<input type="checkbox"/>	Disco Light	
<input type="checkbox"/>	DJ	
<input type="checkbox"/>	Character Visit	Company _____
<input type="checkbox"/>		
<input type="checkbox"/>		

GUEST LIST

	Name	Gift
<input type="checkbox"/>	1	
<input type="checkbox"/>	2	
<input type="checkbox"/>	3	
<input type="checkbox"/>	4	
<input type="checkbox"/>	5	
<input type="checkbox"/>	6	
<input type="checkbox"/>	7	
<input type="checkbox"/>	8	
<input type="checkbox"/>	9	
<input type="checkbox"/>	10	
<input type="checkbox"/>	11	
<input type="checkbox"/>	12	
<input type="checkbox"/>	13	
<input type="checkbox"/>	14	
<input type="checkbox"/>	15	
<input type="checkbox"/>	16	
<input type="checkbox"/>	17	
<input type="checkbox"/>	18	
<input type="checkbox"/>	19	
<input type="checkbox"/>	20	
<input type="checkbox"/>	21	
<input type="checkbox"/>	22	
<input type="checkbox"/>	23	
<input type="checkbox"/>	24	
<input type="checkbox"/>	25	