



(951) 734-3430
yourpartysolutions.com

PARTY/EVENT CHECK-LIST

Event Type/Name _____

Event Date _____

Guest List/Amount of Guests:

_____	<input type="checkbox"/>

Invitations:

_____	<input type="checkbox"/>

Rentals/Equipment:

_____	<input type="checkbox"/>

Catering/Food:

_____	<input type="checkbox"/>

RSVP's:

_____	<input type="checkbox"/>

