



Your Organizing Consultants

SERVING CLIENTS SINCE 2002

Holiday Event Checklist

Event Name: _____

Task	Event Details	Notes/Special Instructions	<input checked="" type="checkbox"/>
Date & Time			
Location			
Event Type			
Attire			
Games and Music			
Staff			
Arrangements			
Catering			
House Cleaning			
Decoration			
Grocery Shopping			

Guest List

Name	Invited	RSVP	Name	Invited	RSVP

Food & Beverages:

Appetizers:

Non-Alcoholic:

Alcoholic:

Entrée:

Sides:

Desserts:

Other: