

Party Planning Checklist



By Nicole Tod

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Party Planning Budget / Check-list



Party Date : _____

Place : _____

Time : _____

Notes:

1. MY BUDGET

	1a. Proposed Spend	Actual Spend
Invitations :	_____	(see 3a)_____
Costumes :	_____	(see 4a)_____
Decorations :	_____	(see 5a)_____
Food & Drink :	_____	(see 6a)_____
Gifts & Favours :	_____	(see 7a)_____
Entertainment :	_____	(see 8a)_____
Games & Activities:	_____	(see 9a)_____
Venue:	_____	(see 10a)_____
Other:	_____	(see 11a)_____
TOTAL SPEND :	_____	_____

2. GUESTS

	Invited	Accepted	Refused
Number of Boys:	_____	_____	_____
Number of Girls :	_____	_____	_____
Number of Adults :	_____	_____	_____
Other :	_____	_____	_____
	_____	_____	_____
TOTAL NO:	_____	_____	_____

3. INVITATIONS

Proposed Spend (see 1a) : _____

	To Do	Actual Spend
<input type="checkbox"/>	Buy	_____
<input type="checkbox"/>	Make	_____
<input type="checkbox"/>	Postage	_____
<input type="checkbox"/>	Thank you Notes	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

3a. Total Actual Spend: _____

4. COSTUMES

Proposed Spend (see 1a) : _____

	To Do	Actual Spend
<input type="checkbox"/>	Buy	_____
<input type="checkbox"/>	Make	_____
<input type="checkbox"/>	Accessories	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

4a. Total Actual Spend: _____

5. DECORATIONS

Proposed Spend (see 1a) : _____

To Do	Actual Spend
<input type="checkbox"/> Balloons	_____
<input type="checkbox"/> Banners / Streamers	_____
<input type="checkbox"/> Themed Decorations	_____
<input type="checkbox"/> Lighting	_____
<input type="checkbox"/> Table Decorations	_____
<input type="checkbox"/> Hired (chairs, lights etc.)	_____
Tableware	
<input type="checkbox"/> - Cups / glasses / straws	
<input type="checkbox"/> - Plates / bowls	
<input type="checkbox"/> - Cutlery	_____
<input type="checkbox"/> - Name Tags	
<input type="checkbox"/> - Tablecloth	
<input type="checkbox"/> - Serviettes	
<input type="checkbox"/> Accessories	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

5a. Total Actual Spend: _____

6. FOOD & DRINK

Proposed Spend (see 1a) : _____

Savoury Menu	Cake / Sweet Menu	Drink Menu
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	Other
5 _____	5 _____	
6 _____	6 _____	

Actual Spend

- Cake & Bakery _____
- Snacks (crisps, popcorn etc.) _____
- Take Away (pizza, burgers etc.) _____
- Outside Catering _____
- Drinks & Ice _____
- Ice-cream / Deserts _____
- _____
- _____
- _____
- _____

6a. Total Actual Spend: _____

7. GIFTS & FAVORS

Proposed Spend (see 1a): _____

To Do	Actual Spend
<input type="checkbox"/> Prizes for Games	_____
<input type="checkbox"/> Favor Bags	_____
<input type="checkbox"/> Favour Bag Contents	_____
<input type="checkbox"/> Thank You to Helpers	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

7a. Total Actual Spend: _____

8. ENTERTAINMET

Proposed Spend (see 1a): _____

To Do	Actual Spend
<input type="checkbox"/> Equipment Hire (Bouncy castle, Candy cart etc.)	_____
<input type="checkbox"/> Entertainers Deposit	_____
<input type="checkbox"/> Entertainers Fee	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

8a. Total Actual Spend : _____

9. GAMES & ACTIVITES

Proposed Spend (see 1a) : _____

Games	Activities	Other
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____
6 _____	6 _____	6 _____
7 _____	7 _____	7 _____

Actual Spend

- Game Accessories _____
- Craft Kits _____
- Craft Accessories _____
- Pens, paper, string etc. _____
- Music / DVD _____
- _____
- _____
- _____

9a. Total Actual Spend : _____

10. VENUE:

Proposed Spend (see 1a) : _____

	To Do	Actual Spend
<input type="checkbox"/>	Venue Deposit	_____
<input type="checkbox"/>	Venue Balance	_____
<input type="checkbox"/>	Extras	_____
<input type="checkbox"/>	_____	_____

10a. Total Actual Spend : _____

11. MISCELLANEOUS / OTHER

Proposed Spend (see 1a) : _____

	To Do	Actual Spend
<input type="checkbox"/>	Camera / Camcorder	_____
<input type="checkbox"/>	Card / Wrapping paper	_____
<input type="checkbox"/>	Cleaning Products	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

11a. Total Actual Spend : _____

NOTES: