

Graduation Party



PLANNER



Graduation Party Plan

Planning Guide For _____

Date & Time

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|--|

Location

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| |
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Theme

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| |
|--|

The Master Plan

Venue

Vendor:

Contact Number:

Menu

Caterer

Vendor:

Contact Number:

Bakery

Vendor:

Contact Number:

Photography

Vendor:

Contact Number:

Decoration

Vendor:

Contact Number:

Rentals

Vendor:

Contact Number:

Invitation

Entertainments

Vendor:

Contact Number:

The Budget Worksheet

| <i>Food</i> | |
|-------------|--------|
| Vendor | Amount |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| <i>Decoration</i> | |
|-------------------|--------|
| Vendor | Amount |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| <i>Entertainments</i> | |
|-----------------------|--------|
| Vendor | Amount |
| | |
| | |
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| | |

| <i>Rentals</i> | |
|----------------|--------|
| Vendor | Amount |
| | |
| | |
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| | |
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| | |
| | |

| <i>Serving Wares</i> | |
|----------------------|--------|
| Vendor | Amount |
| | |
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| | |
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| | |

| <i>Others</i> | |
|---------------|--------|
| Vendor | Amount |
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| | |

Checklist

Done

Done

| | | |
|-------------------|--|--------------------------|
| <i>3-6 Months</i> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| | | |
|--------------------|--|--------------------------|
| <i>The Week Of</i> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| | | |
|-------------------|--|--------------------------|
| <i>2-3 Months</i> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| | | |
|-----------------------|--|--------------------------|
| <i>The Day Before</i> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| | | |
|-------------------|--|--------------------------|
| <i>The Day Of</i> | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

The Decor

Guest Table

Serving Table

Display

Sign & Banners

Memorabilia Table

Balloon & Flowers

Hanging Decor

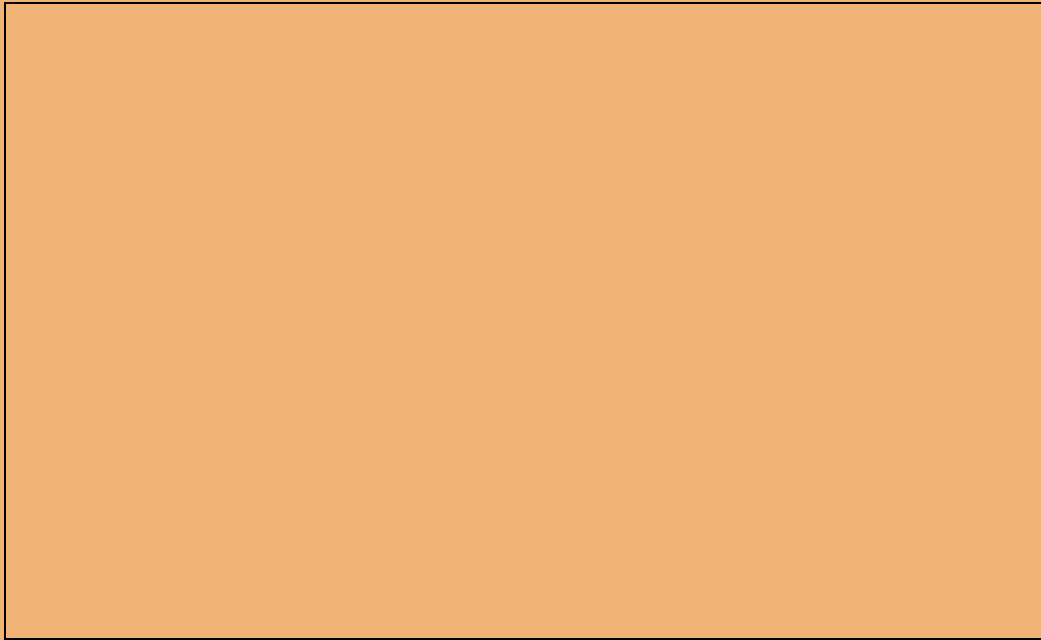
Photo Booth

Ideas & Inspiration

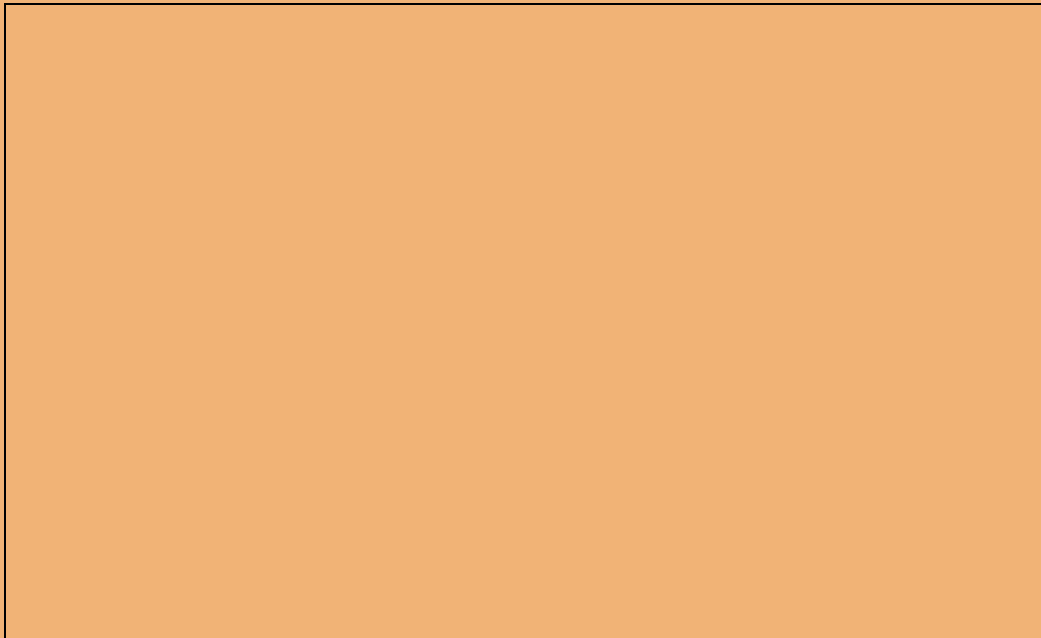
Use this place to insert photos, Clipping, & sketches of your decor

Invitation

Use this place to sketch out your invitation Ideas



Front



Back

The Entertainment

Music

Games & Activities

Party Flavours

Photo Booth

Shopping List

To Do List

Daily Planner

Date _____

7 AM

8 AM

9 AM

10 AM

11 AM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

Monthly Planner

| Sunday | Monday | Tuesday | Wednesday | Friday | Saturday |
|--------|--------|---------|-----------|--------|----------|
| | | | | | |
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| | | | | | |

Notes

Weekly Planner

| | | |
|-----------|--|--|
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |