

## **OKTOBERFEST PARTY PLANNER**

Date:	
Start Time:	End Time:
Location:	Indoor Outdoor Both
Costumes? YES	NO C
Guests:	
Number of guests:	Names/Addresses available?
Minimum Age?	
Sending Invitations:	NO
	YES via Social YES via email YES via mail
SETTING	
Tents: NO	YES Number needed:
Decorating?	YES NO Lighting? YES NO
Tables: NO	YES
Decorating?	NO YES YES
	Table Covers Centerpieces Candles/Lighting C
	Number needed Number needed Number needed
Tableware?	NO YES
	Plates Cups Utensils Napkins Other:
	Amount needed:
Seating: NO	Guests providing YES Amount needed:
Music: NO	YES Stereo/Playlist YES Band YES Both YES Other
	Equipment needed:

## MENU

Beverages	s: NO YES	
Sc	oft Drinks/Mixers: NO YES	
		Amount
Ве	eer/Wine: NO VES VES	
		Amount
		/ III Ourit

Coolers	needed: NO		YES 🔲	How many:	_	
Buying	Ice: NO	YES		How much:	_ bags 🔲	pounds (
Food:	NO 🔲	YES 🔲				
			Cold: NO	YES		
				Servings		
				Servings		
				Servings		
				Servings		
				Servings		
				Servings		
				Servings		
				Servings		
				Servings		
			Ice/refrigeration	on required? NO YES		
			Cooler require	d? NO YES		
NOTES:						

	Hot:	NO YES U
		Servings
		Servings
		Servings
		Comings
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<del></del>		Servings
		Grill/Warming required? NO YES
		Power/Charcoal/Gas required? NO YES
NOTES		
NOTES:		

## Miscellaneous

Party favors: NO YES YES	
What:	Number Needed:
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## **Shopping List**