

# Guest List

|          |                                       |                                |              |
|----------|---------------------------------------|--------------------------------|--------------|
| NAME:    | INVITE SENT? <input type="checkbox"/> | RSVP? <input type="checkbox"/> | # OF GUESTS: |
| ADDRESS: | CITY:                                 | STATE:                         | ZIP:         |
| PHONE:   | NOTES:                                |                                |              |
| EMAIL:   |                                       |                                |              |

|          |                                       |                                |              |
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| PHONE:   | NOTES:                                |                                |              |
| EMAIL:   |                                       |                                |              |

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| PHONE:   | NOTES:                                |                                |              |
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| PHONE:   | NOTES:                                |                                |              |
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