

# GUEST + GIFT CHECKLIST

invite	NAME STREET ADDRESS CITY, STATE, ZIP CODE	ATTENDING		number	SHOWER GIFT	thanks	WEDDING GIFT	thanks
		YES	NO					
<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"/>
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