



BABY SHOWER

GUEST LIST



NAME: _____	ADDRESS: _____	
EMAIL: _____	PHONE: _____	NOTES: _____
INVITE SENT? <input type="checkbox"/>	RSVP? <input type="checkbox"/>	# OF GUESTS: _____
GIFT: _____		THANKED? Y N

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EMAIL: _____	PHONE: _____	NOTES: _____
INVITE SENT? <input type="checkbox"/>	RSVP? <input type="checkbox"/>	# OF GUESTS: _____
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