



Gift Planner

NAME: _____

AGE: _____

WANTS AND IDEAS:

Large empty light blue rectangular area for writing wants and ideas.

CLOTHING SIZES :

NEEDS:

INTERESTS:

Three separate light blue rectangular boxes for clothing sizes, needs, and interests.

GIFT

STORE & BUDGET

WRAPPED / HIDING PLACE

GIFT	STORE & BUDGET	WRAPPED / HIDING PLACE

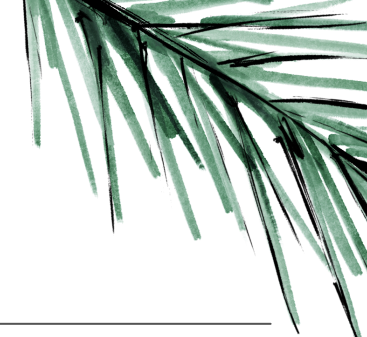


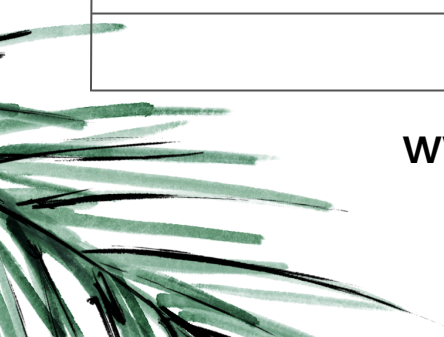
Table Setting

NO OF PEOPLE:

THEME AND COLORS:

ITEMS I HAVE :

TO BUY	STORE	DONE





Christmas Meal Planner Breakfast

Starters

Side Dishes

Drinks

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Main Course

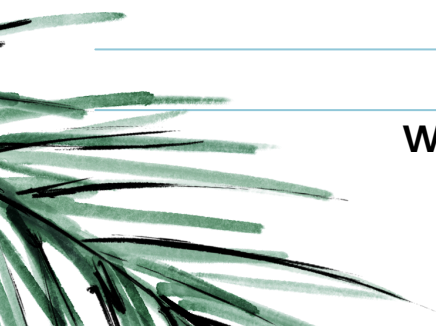
Desserts

Kids

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Grocery List:

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Christmas Meal Planner Lunch

Starters

Side Dishes

Drinks

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Main Course

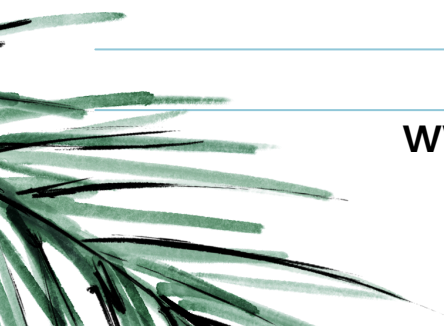
Desserts

Kids

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Grocery List:

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Christmas Meal Planner Dinner

Starters

Side Dishes

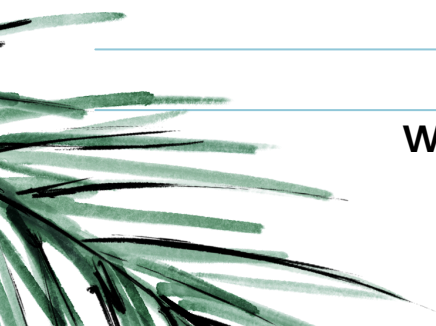
Drinks

Main Course

Desserts

Kids

Grocery List:





Christmas Meal Planner

Christmas Eve

Starters	Side Dishes	Drinks
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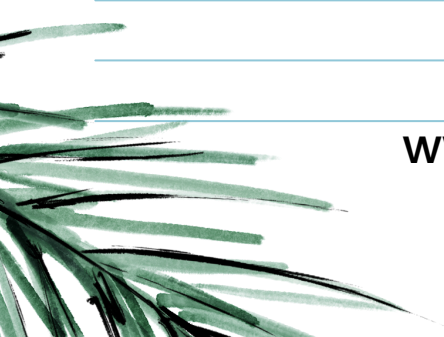
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Main Course	Desserts	Kids
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Grocery List:

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CHRISTMAS

MEAL PLANNER BREAKFAST

STARTERS	MAIN COURSE
DESSERT	DRINKS



CHRISTMAS

MEAL PLANNER LUNCH

STARTERS	MAIN COURSE
DESSERT	DRINKS



CHRISTMAS

MEAL PLANNER DINNER

STARTERS	MAIN COURSE
DESSERT	DRINKS



CHRISTMAS

MEAL PLANNER CHRISTMAS EVE

STARTERS	MAIN COURSE
DESSERT	DRINKS

GROCERY SHOPPING LIST

PRODUCE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

MEAT | FISH

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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FROZEN FOODS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____

CANNED GOODS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____

HOUSEHOLD

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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BEVERAGES

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

OTHERS

<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"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

GROCERY SHOPPING LIST

PRODUCE	MEAT FISH	FROZEN FOODS
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

CANNED GOODS	HOUSEHOLD	BEVERAGES
<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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OTHERS

<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"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

GROCERY SHOPPING LIST

Store : _____

PRODUCE

<input type="checkbox"/>	_____
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MEAT | FISH

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<input type="checkbox"/>	_____

FROZEN FOODS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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CANNED GOODS

<input type="checkbox"/>	_____
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HOUSEHOLD

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<input type="checkbox"/>	_____

BEVERAGES

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<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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OTHERS

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Guest List

GUESTS

**DIETERY REQUIREMENTS
ALLERGIES**

Shopping List

ITEM

ITEM

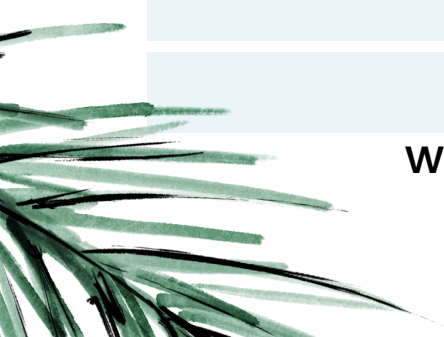


To Do & To Buy

Sun Mon Tue Wed Thu Fri Sat

PRODUCT	BUDGET

TO DO	✓



Grocery List



DAIRY

PRODUCE

MEATS

- _____
- _____
- _____
- _____
- _____
- _____
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- _____
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- _____
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BAKERY

DRY/PANTRY

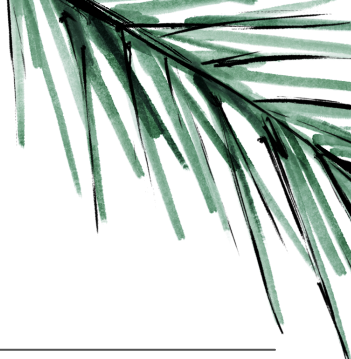
FROZEN

OTHERS

- _____
- _____
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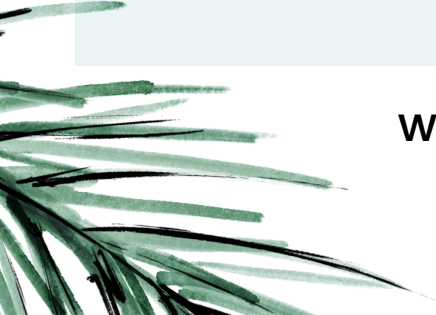


To Do List

Date _____

Day _____

TO DO	





Weekly planner

MONDAY

TUESDAY

WEEK OF:

WEEK GOALS

- 1.
- 2.
- 3.

WEDNESDAY

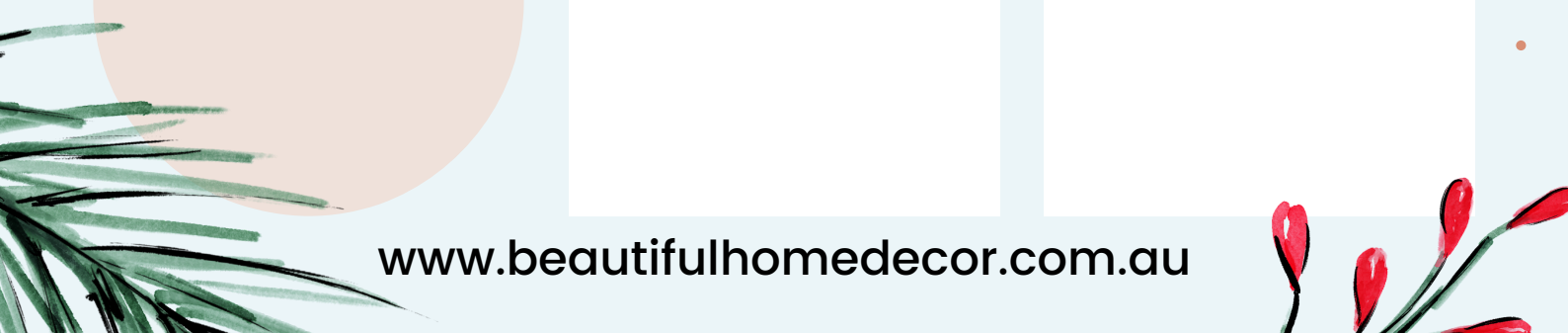
THURSDAY

FRIDAY

Grateful for

SATURDAY

SUNDAY





Weekly planner

MONDAY

TUESDAY

WEEK OF:

WEEK GOALS

- 1.
- 2.
- 3.

WEDNESDAY

THURSDAY

FRIDAY

Grateful for

SATURDAY

SUNDAY

