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## PARTY INFORMATION SHEET

Date:Time:
Location:
Surprise: Yes No Arrival Time
Guest of Honor:
Parent(s) Name:
Other Names:
Introduction: Yes No
Artist and Song Title
1st Dance: Yes No
If Yes, With Who?
1st Dance Song:
Parent / Child Dance? : Yes No
Parent / Child Dance Song:
Candle Lighting Cermony?: Yes No
Special Instructions:
Party Package / Denosit Received?
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## **Candle Lighting Ceremony**

(Name / Relationship to Guest of Honor / Song)

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## PLEASE USE THIS FORM FOR ANY SPECIAL REQUESTS SONG TITLE ARTIST DEDICATED TO