

# Party Order Form

Please Attach Funny Photo Here!	Name:	
	<input type="checkbox"/> Birthday	<input type="checkbox"/> Sports Event
	<input type="checkbox"/> Housewarming	<input type="checkbox"/> Getting Drunk
	<input type="checkbox"/> Wedding	<input type="checkbox"/> Coming/Going
Date:	ANNUAL <input type="checkbox"/>	
Time:	Fashionably Late:	
Location:		
Contact:	R.S.V.P. <input type="checkbox"/>	
Please Check Your Event Preferences:		
<input type="checkbox"/> Spilled Drinks	<input type="checkbox"/> Random Nudity	<input type="checkbox"/> Flirting
<input type="checkbox"/> Clogged Toilet	<input type="checkbox"/> Smoking	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Lack of Alcohol	<input type="checkbox"/> Bathroom Sharing	<input type="checkbox"/> Lack of Women
<input type="checkbox"/> Drunken Photos	<input type="checkbox"/> Boasting/Lying	<input type="checkbox"/> Lack of Men
<input type="checkbox"/> Packed Room	<input type="checkbox"/> Singing	<input type="checkbox"/> Graffiti
<input type="checkbox"/> Dancing	<input type="checkbox"/> Throwing Up	<input type="checkbox"/> Police Activity
Guest Preferences:		
Should Guests Bring Alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should Guests Bring Food?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should Guests Bring Friends?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should Guests Bring Animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should Guests Bring Gifts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should Guests Bring Change Of Clothes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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