

# WEDDING GUEST LIST

Total Count: \_\_\_\_\_ Target Date: \_\_\_\_\_

<b>GUEST / FAMILY NAME</b>	<b>RELATIONSHIP</b>	<b>SENT</b>	<b>RSVP</b>	<b>TABLE</b>	<b>DIETARY REQ.</b>	<b>GIFT / NOTES</b>
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Jane & John Doe	Family (Groom)			1	Vegetarian	
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Michael Smith + 1	Friend (Bride)			4	Nut Allergy	
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**GUEST /  
FAMILY  
NAME**

**RELATIONSHIP**

**SENT**

**RSVP**

**TABLE**

**DIETARY  
REQ.**

**GIFT /  
NOTES**

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