

NAME



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This is my ideal Valentine's Day:

- DATE NIGHT AT HOME
- DATE NIGHT OUT ON THE TOWN
- FLOWERS
- CANDY/CHOCOLATES
- MEAL AT A RESTAURANT: LUNCH OR DINNER
- NIGHT AT THE MOVIES
- EXCHANGING OF GIFTS

NOTES:



Valentine Success Checklist Printables

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Valentine's Day Success Checklist

WHERE WILL WE CELEBRATE VALENTINE'S DAY?

DO I NEED A DINNER RESERVATION?

YES NO

HAS THE RESERVATION BEEN MADE?

YES NO

DO I NEED TO ORDER FOOD?

YES NO

DO I NEED TO ORDER TICKETS?

YES NO

DO I NEED TO ORDER FLOWERS?

YES NO

DO I NEED TO PURCHASE CANDY OR CHOCOLATES?

YES NO

HAVE THE FLOWERS BEEN ORDERED?

YES NO

ARE WE EXCHANGING GIFTS?

YES NO

HAVE I PURCHASED A GIFT?

YES NO

NOTES:
