

Cake Order Form

Customer Name: _____

Contact Phone Number: () _____ - _____

Contact E-Mail: _____

Date Placed (Minimum 2 Week Advanced Of Pick-up) : ____ / ____ / ____

Date For Pick-up: ____ / ____ / ____

Writing On Cake (Limit 7 Words) :

Cake Bread Flavor (Limit 2) :

___ Carrot Cake ___ Chocolate ___ Marble ___ Vanilla

___ Chai Spice ___ Apple Spice ___ Red Velvet ___ Lemon

Frosting (Limit 1) :

___ Vanilla Buttercream ___ Chocolate Buttercream ___ Lemon Buttercream

Filling (Limit 2) :

___ Strawberries ___ Raspberries ___ Blueberries ___ Blackberries

___ Vanilla Buttercream ___ Chocolate Buttercream ___ Lemon Buttercream

___ Chocolate Mousse ___ Peanut Butter Cream ___ Coconut Cream

Color Scheme (Limit 4 Colors):

Decorations (Describe) :

Have An Allergy Or Diet Restriction? Please Describe:

Size:

***Every Cake Has Two Layers**

___ 8" Round (Serves 8-10), \$ 50.00 Plus Tax

___ ¼ Sheet (Serves 12-15), \$ 75.00 Plus Tax

___ ½ Sheet (Serves 25-35), \$145.00 Plus Tax

****All orders must be placed at minimum two weeks advance before pick-up date. All orders must be paid full in advance on day of placement.*

Customer Signature: _____

Employee Name (Please Print): _____

*Attach Receipt To This Form