

CAKE ORDER FORM

Name*: _____

Phone Number*: _____

E-mail*: _____

Pick Up Date*: ____/____/____

Pick Up Time*: _____ A.M. / P.M.

** Required*

Cake Sizes / Servings

- | | |
|---|---|
| <input type="checkbox"/> 6" Round (6 - 8 servings) | <input type="checkbox"/> 12" Round (16 - 20 servings) |
| <input type="checkbox"/> 8" Round (8 - 12 servings) | <input type="checkbox"/> 14" Round (20 - 28 servings) |
| <input type="checkbox"/> 10" Round (12 - 16 servings) | |
| <input type="checkbox"/> 1/4" Sheet (16 - 28 servings) | |
| <input type="checkbox"/> 1/2" Sheet (Up to 45 servings) | |
| <input type="checkbox"/> Full Sheet (64 - 96 servings) | |

Cake Flavors

- | | | |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Banana | <input type="checkbox"/> Confetti | <input type="checkbox"/> Tiramisu |
| <input type="checkbox"/> Carrot | <input type="checkbox"/> Lemon | <input type="checkbox"/> White |
| <input type="checkbox"/> Chocolate | <input type="checkbox"/> Marble | |
| <input type="checkbox"/> Chocolate Fudge | <input type="checkbox"/> Red Velvet | |
| <input type="checkbox"/> Other (Please check with Chef) | _____ | |

Filling Flavors

- | | | |
|---|---|---|
| <input type="checkbox"/> Bavarian Cream | <input type="checkbox"/> Chocolate Mousse | <input type="checkbox"/> Raspberry |
| <input type="checkbox"/> Buttercream | <input type="checkbox"/> Cream Cheese | <input type="checkbox"/> Raspberry Mousse |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Custard | <input type="checkbox"/> Strawberry |
| <input type="checkbox"/> Chocolate Fudge | <input type="checkbox"/> Lemon | <input type="checkbox"/> Whipped Cream |
| <input type="checkbox"/> Other (Please check with Chef) _____ | | |

Icing Flavors

- | | | |
|---|---|--|
| <input type="checkbox"/> Chocolate Buttercream | <input type="checkbox"/> Ganache | <input type="checkbox"/> Whipped Topping |
| <input type="checkbox"/> Chocolate Fudge | <input type="checkbox"/> Cream Cheese | <input type="checkbox"/> White Buttercream |
| <input type="checkbox"/> German Chocolate | <input type="checkbox"/> Rolled Fondant | |
| <input type="checkbox"/> Other (Please check with Chef) _____ | | |

Inscription on Cake

What would you like written on the cake?

Decoration

What type of design would you like on your cake?

What gender is the cake for?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

What age is the cake for?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Child |
|--------------------------------|--------------------------------|