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| INITIALS: | _____ |
| DATE: | _____ |

NAME: _____ CC# _____
 PHONE: _____ EXP _____ ZIP _____
 EMAIL: _____

MON TUE WED THURS FRI SAT

PICK-UP DATE: _____ PICK UP TIME: _____

CAKE SIZE: (CIRCLE ONE)

4"/\$20 (2-3) 6"/\$26 (4-6) 8"/\$35 (8-14) 10"/\$45 (16-20) 12"/\$55 (20-30)

1/4" SHEET/\$45 (16-24) 1/2" SHEET/\$65 (36-48) FULL/\$99 (72-96)

CAKE FLAVOR: (CIRCLE ONE)

WHITE RED VELVET (WITH CREAM CHEESE FROSTING ONLY)
 CHOCOLATE TRES LECHES (WITH WHIPPED CREAM ONLY)
 MARBLE CARROT (WITH CREAM CHEESE FROSTING ONLY)

FILLING TYPE: (CIRCLE ONE)

FRUIT:

STRAWBERRY
 LEMON
 RASPBERRY
 PINEAPPLE

CREAM:

BAVARIAN
 CREAM CHEESE
 WHIPPED CREAM

OTHER:

CHOCOLATE GANACHE
 WHITE CHOCOLATE GANACHE

FROSTING: (CIRCLE ONE)

BUTTERCREAM FLAVORS:

VANILLA
 CHOCOLATE
 STRAWBERRY
 OTHER: _____

CREAM CHEESE
 WHIPPED CREAM
 CHOCOLATE GANACHE

DECORATION COLORS: _____

MESSAGE:

(TEXT IN BOX WILL APPEAR ON CAKE EXACTLY AS WRITTEN)

NOTES: