

Cake Consultation Form

Name of Bride: _____ Name of Groom: _____

Phone Number: _____ Cell Phone _____

E-mail Address: _____

Home Address: _____

Parents Name _____

Phone Number: _____ E-mail Address: _____

Wedding Details:

Wedding Day and Date: _____

Time to Deliver: _____

Will Catering Be Doing the Event: YES NO

Reception Venue Address:

Wedding Cake:

Do you have a photo of the cake you want? __Yes __No

Number of tiers: _____

Shape of tiers: ___Round ___Square ___Hexagon ___Combination ___Other

Cake Serving Size: _____ Estimated No. of Servings: _____

Size	Cake Flavor	Filling	Icing

Estimated Price: _____

Cake Stand Rental: _____

Tax: _____

Delivery Charge: _____

Total: _____

Detail/Comment: {color, décor, etc.)

Groom's Cake

Groom's Cake: __ Yes __ No

Do you have a photo of the cake you want? __ Yes __ No

Cake Flavor	Filling	Icing

Wedding Cake Taste Test Option:

Date: _____

Pick-Up or Consultation

Time: _____

Cake Flavor	Filling