

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 |
|-------------|---------|
| | |
| | |
| | |
| | |