



Event Type _____ Event Date & Time _____
 Event Location _____
 Honoree Name(s) _____
 Event Colors _____ Event Flowers _____
 Delivery Date & Time _____

Contact Info:

Name _____ Phone # _____
 Address _____ Phone # _____
 _____ Email _____

Cake

Theme	Servings	# of Tiers	Cake Shape	Cake Flavor	Frosting Type	Frosting Colors	Flowers or other decorative item
Message							Icing Color for message
Special Notes:							

Cupcakes

Theme	Qty	Cake Flavor	Frosting Type	Frosting Colors	Flowers or other decorative item
Special Notes:					

Frosted Party Favors

Theme	Qty	Cake Flavor	Cake Cut-out Shape	Frosting Colors	Flowers or other decorative item
Special Notes:					

I, _____, confirm that the above information regarding my cake order is correct.
 I have been supplied a quotation for this above described order. Quote # _____ states my total cost will be _____
 I also agree to pay the total cost listed above to Carolyn Miller of Sweet Memories. Invoice payable via check or paypal.
 I understand that a deposit of 50% of the cost of each item is due at the time of order submittal or before work begins.
 Signature _____ Date _____
 (Client)

Sweet Memories agrees to provide a quality product that meets the expectations and details described in this order form. In the case of delivery, Sweet Memories guarantees on-time arrival.

Signature _____ Date _____
 (Sweet Memories)

* Final total cost depends on delivery charge.