

Cake Order Form

Please note orders must be placed at least 72 hours prior to the reservation date

Reservation Details

Reservation Name		Reservation Date	Reservation Time
Pl	ease select or	Cakes ne. Fill out a separate form for eac	h additional cake.
Check Box	Flavors		
	White Cake, raspberry mousse filling, vanilla buttercream		
	Yellow Pound Cake, lemon cream filling, lemon frosting		
	Carrot Cake, cream cheese icing		
	Milk Chocolate-Almond Mousse Cake, dark chocolate glaze		
	Devil's Food Cake, chocolate pudding filling, milk chocolate buttercream		
Check Box	Serving Size		
Check Box	Serving	Size	
	8" (serves 8	,	
	10" (serves		
	12" (serves	16-24) \$100	
	,	Optional Information Please note any special details beli	
Inscription			
Allergies (nuts, alcohol, etc.)			
	Fo	or Internal Purposes (Only
ame of employee who	took this orde	er: ———	— Employee #:

Pastry Department Delivery Date: ______ Deliverer Name: _____