



Custom Ice Cream Cake Order Form

Date Order Taken:	Order Taken By:
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Order Due (circle one): Mon Tues Wed Thurs Fri Sat Sun *Note that at least 4-days advance notice needed for all orders	Order Pickup Date: Time:
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CUSTOMER INFORMATION: Name _____ Address _____ Phone _____ Special Message to Include: _____	CAKE INFORMATION: <hr/> CAKE Style & Size: <input type="checkbox"/> Full Sheet (serves 16-24) 8"x 12" \$59.95 <input type="checkbox"/> 2/3 Sheet (serves 12-16) 8"x 8" \$48.95 <input type="checkbox"/> 9" Round Cake (serves 12-16) \$48.95 <input type="checkbox"/> 1/2 Sheet (serves 8-12) 6"x 8" \$39.95 <input type="checkbox"/> 1/3 Sheet (serves 6-8) 4"x 8" \$32.95 <input type="checkbox"/> 6" Round Cake (serves 6-8) \$32.95 <hr/> Cake (circle one): White Sponge Chocolate Devil's Food
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Ice Cream Flavor:	Optional Additional Flavor (<i>Add \$5.00</i>)
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Desired Color to Use for Icing:	Theme Of Decoration: <input type="checkbox"/> Birthday <input type="checkbox"/> Congratulations <input type="checkbox"/> Anniversary <input type="checkbox"/> Graduation <input type="checkbox"/> Seasonal/Holiday theme
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COST:
Cake Base Price: \$
Extras: \$
Deposit \$
(At least half of total must be deposited in cash or on a credit card)
 Credit Card Number & Expiration Date if paying Deposit by Credit Card:

Total Due Upon Pickup: \$

Customer Signature for Authorization to charge Credit Card for Deposit (if applicable)