

# BAKERY *details*

| BAKERY:<br>TOPICS TO DISCUSS   | OPTION 1 | OPTION 2 | OPTION 3 |
|--|----------|----------|----------|
| CONTACT INFORMATION:   |          |          |          |
| NAME:  |          |          |          |
| PHONE:   |          |          |          |
| EMAIL:   |          |          |          |
| WEBSITE:   |          |          |          |
| DATE:<br>IS OURS AVAILABLE?  |          |          |          |
| ARE YOU LICENSED AND<br>INSURED?   |          |          |          |
| HOW FAR BEFORE THE<br>WEDDING WILL MY CAKE<br>BE BAKED?  |          |          |          |
| WHAT FLAVORS AND<br>FILLINGS DO YOU OFFER?   |          |          |          |
| WHAT FLAVORS ARE YOUR<br>SPECIALTIES?  |          |          |          |
| IS A TASTING INCLUDED?   |          |          |          |
| DO WE NEED TO CHOOSE<br>FROM A SET SELECTION<br>OF DESIGNS OR DO YOU<br>CREATE COMPLETELY<br>CUSTOM CAKES? |          |          |          |
| DO YOU PROVIDE CAKE/<br>CUPCAKE STANDS?  |          |          |          |
| DO YOU DELIVER AND<br>SET-UP?  |          |          |          |
| ARE THERE HIDDEN<br>COSTS? (SERVICE<br>CHARGE, GRATUITY, OR<br>OVERTIME CHARGES?)                          |          |          |          |
| WHAT'S THE<br>CANCELLATION POLICY?   |          |          |          |
| DO WE HAVE OPTIONS:<br>CAKE, CUPCAKES,<br>DESSERTS, CAKE POPS, ETC   |          |          |          |

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|--|-----------------|-----------|
|  |                 |           |
| TYPE OF DESSERT:                                       |                 |           |
| FLAVOR:  | FROSTING COLOR: | QUANTITY: |
| SPECIAL DETAILS: (CAKE TOPPER, RIBBONS, FLOWERS, ETC.) |                 |           |
|  |                 |           |
| SPECIAL REQUESTS/NOTES:                                |                 |           |
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|  |                 |           |
|  |                 |           |
|  |                 |           |
| LOCATION NAME:   |                 |           |
|  |                 |           |
| LOCATION ADDRESS:                                      |                 |           |
|  |                 |           |
| PERSON TO CONTACT:                                     |                 |           |
| PHONE NUMBER:  | EMAIL:          |           |
|  |                 |           |
| DATE RESERVED:   |                 |           |
|  |                 |           |
| DELIVERY TIME/PICK-UP TIME:                            |                 |           |
|  |                 |           |
| DATE AVAILABLE TO PICK-UP:                             |                 |           |
|  |                 |           |
| RENTAL PICK-UP(S):                                     |                 |           |
|  |                 |           |
| RENTAL RETURN(S):                                      |                 |           |
|  |                 |           |
| FINAL PAYMENTS/TIPS DUE:                               |                 |           |
|  |                 |           |
|  |                 |           |
| ADDITIONAL NOTES:                                      |                 |           |
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