

Consultation Form

Please fill out this form and bring it to your scheduled consultation. If you are unsure about an answer, leave it blank and we can help you decide!

Name: _____

Phone Number: _____ Event Date: _____

Email: _____

Location: _____

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Guest Count: _____

Indoor/Outdoor?

Cake Budget: _____

Cake Flavor(s): _____

Buttercream Flavor(s): _____

Filling(s): _____

Add On Items: Yes/No

Cupcakes: Yes/No

Quantity: _____

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Design

Design details: _____

****Please bring photos of your design inspiration to your consultation****