

# Dessert Order Form

## CLIENT INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

## EVENT INFORMATION

EVENT DATE:

EVENT ADDRESS:

DELIVERY/PICKUP TIME:

No OF GUESTS:

NUMBER OF SERVINGS: \_\_\_\_\_ THEME: \_\_\_\_\_

DESSERT DETAILS \_\_\_\_\_

TYPE-FLAVOUR

FILLING TYPE

FROSTING / ICING

COLOUR SCHEME

TOPPINGS

EXTRA'S