

Let us sweeten you up . . .
Kim's Cake Shoppe
Wedding Cake Information Sheet

Name: _____ Phone: _____ Fax: _____

Date of Wedding: _____ Location: _____

Time your reception starts: _____ Delivery or Pickup: _____

How many people do you need your cake to serve: _____

What Cake flavor do you want: _____

What kind & color icing do you want: White / Ivory – Buttercream / Fondant

Do you want a filling (If so, what flavor): _____

How do you want your cake set up: Stacked or Pillars _____



Stacked / Pillars

Are you using fresh flowers, if so your florist will be responsible for this: _____

Do you have a cake topper: _____

****Please include a picture of the cake you want ****

Grooms Cake

Size: _____ Flavor: _____ Icing: _____

You can visit our website for more information: www.KimsCakeShoppe.com

Please send form to us by mail:

Kim's Cake Shoppe
1207 Creighton Rd.
Pensacola, FL 32504

Fax: 850-475-8522

Note: your date is not reserved until we receive your deposit and signed contract.

