

Rent The Cake Of Your Dreams

Susan Lobsinger
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East Aurora, NY 14052
(716) 655-1407 or (716) 390-5846

Wendy Hunter
5978 Vermont Hill Road
South Wales, NY 14139
(716) 652-8314 or (716) 860-7559

Date required: _____ Friday Saturday Sunday

Reception hall: _____

Street _____ City _____

Directions: _____

Special set up instructions for reception hall _____

Reception Time _____ Set up by time _____

Florist Name _____ Phone # _____

Who recommended me? _____

	Brides Info	Grooms Info
First Name		
Last Name		
Street		
City		
State & Zip		
Home Phone		
Business Phone		
Cell Phone		
E-Mail Address		

Person paying for Cake:	
Street	
City	
State & Zip	
Phone Number	

Rent The Cake Of Your Dreams will not be responsible for the cake after it has been delivered and assembled on the designated table, or for cake assembled by anyone other than the delivery person from Rent The Cake Of Your Dreams.

SIGNATURE: _____ DATE _____

CAKE INSTRUCTIONS

Wedding Cake Name: _____
 Special Instructions: _____
 Top Ornament: _____

6" Anniversary Cake: Flavor: _____ Filling: _____

Kitchen Cakes: # of servings: _____ Flavor: _____ Filling: _____

of servings: _____ Flavor: _____ Filling: _____

of servings: _____ Flavor: _____ Filling: _____

Cakes: Almond, Banana, Carrot, Cassata, Cheese Cake, Chocolate, Lemon, Marble, Orange, Spice, Strawberry, White, Yellow
 Icing: White butter cream, Almond butter cream, Chocolate, Fondant, Chocolate Fondant
 Filling: Bavarian Creme, Blueberry, Chocolate, Cherry, Lemon, Mousse, Raspberry, Strawberry

PAYMENT DETAILS

Cake Costs

Number of servings: _____	Buttercream: _____	\$ _____
_____	Cassata: _____	\$ _____
_____	Cheese Cake: _____	\$ _____
_____	Filling: _____	\$ _____
	Cake Rental: _____	\$ _____
	Delivery/Setup: _____	\$ _____

Subtotal: Cake Costs: \$ _____

Additional Charges

Gum Paste Flowers (taxable)		\$ _____
Additional Decorations/Fondant Bows or Decorations		\$ _____
Fountain Rental (\$5.00)	Water Color _____	\$ _____
Tax		\$ _____
Additional Costs:		\$ _____

Total: Cake Costs: \$ _____

PLEASE MAKE CHECKS PAYABLE TO SUSAN LOBSINGER

	Amount Due	Check #/Cash	Due Date	Amount Paid
Deposit:	_____	_____	_____	\$ _____
Balance:	_____	_____	_____	\$ _____
Deposit:	_____	_____	_____	\$ _____

Cake Supplies: Refunded when equipment returned in good condition

Rent The Cake of Your Dreams will be responsible for the return of all cake pieces.