



Cake order information form

Please print out and complete in block letters and send back to us

Date of wedding:

Delivery:

No

Yes

venue & area

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	

Contact details:

Cell & landline

Cake type

Fruit cake

Vanilla Madeira

White chocolate Madeira

Milk chocolate Madeira

Dark chocolate Madeira

Dark chocolate Brownie with nuts

Carrot cake

Red Velvet

Other

Please specify if other is chosen

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Cake filling

Mousse

Ganash

Butter cream

Cream cheese

Other

Please specify if other is chosen

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Flavour

Alcoholic

Please specify alcoholic flavour

Citrus

Vanilla bean

Coffee

other

please specify if other is chosen

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	



Cake covering

Chocolate
Sugar

<input type="checkbox"/>
<input type="checkbox"/>

Flowers

Chocolate
Sugar
please specify what kind of flowers

<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="text"/>

Colours

Please specify the colours that
you want on your cake and where

<input type="text"/>
<input type="text"/>

Shape of your cake

Round
Square
Other
Please specify if other is chosen

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="text"/>

Cake assembly

All real cake
All dummy
Part real cake part dummy

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Individual portions

Yes
No

<input type="checkbox"/>
<input type="checkbox"/>

Quantity tiers of cake

<input type="text"/>

Do you Require Cake Stands

No
Yes

<input type="checkbox"/>
<input type="checkbox"/>

Quantity guests

<input type="text"/>

What is your theme

<input type="text"/>

Please supply us with Images of cake designs you have in mind.

Please send them along with this form.



FBI
Chef School &
Patisserie Academy

Client Sign off:

Name: _____

Signature: _____

Date signed off: _____

FBI management Sign off:

Name: _____

Signature: _____

Date Signed off: _____