

Cake Order Form

All cake orders require a 30% deposit, or greater, before they will be accepted. Pricing below represents simple

be subject to price increase.

Cake is serving: design and writing. Additional customization may

Email: Kiersten@orlypatisseriekauai.com

| Employee: | DATE : |
|-----------------------|--------|
| Customer Name: | |
| NUMBER: | |
| EMAIL: | |
| Total Cake Price: \$_ | |
| Deposit Price: \$ | |
| i | |

| Rectangle Cake Size | |
|--|--|
| Sheet Cake: Half Sheet- \$150 Quarter Sheet- \$80 | |
| Round Cake Size 6"- \$50 (ss: 12) 8" - \$70(ss: 24) 9" - \$90 (ss:32) 10" - \$110 (ss: 38) | |
| Cheesecake Size: 8"- \$45 9" - \$60 Flavor: | |
| * ALL others must be approved by Chef | |
| Cake Flavors: Chocolate Chiffon □ Vanilla Chiffon □ Other* | |
| Cake Filling Butter Cream: Vanilla Chocolate Lilikoi Other*: | |
| Pastry Cream: Vanilla Chocolate Other*: | |
| Cake Frosting: Vanilla Chocolate Other* | |
| Addtions for Pastry Cream Cakes: *any additions are subjected to price increase* *Strawberries *Banana *Mix Berry: *Other: | |
| Additional Notes (Filing/Decorations/Color/Design/Writing)** | |
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| If specified, please staple the custom cake design to the back of this sheet. | |
| Contingent on request, cakes are subject to price increases based on complexity of design. | |
| PICKUP Cake Price Customer Signature: DATE: Due @ Manager Initial: Date: | |
| —————————————————————————————————————— | |
| TIME: am/pm Paid in Full | |
| 4454 Nuhou Street Suite 507 , Lihue, HI 96766 only Receipt #: | |