



Maple Forest Plaza • 716 Maple Rd. • Williamsville, NY 14221
Phone: (716) 689-2115 • **FAX:** (716) 213-0655
Web: www.dessertdelibakery.com • **Email:** Info@dessertdelibakery.com

Date: _____ Wedding Date: _____ FR. SAT. SUN

Bride: Name _____ Groom: Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Alternate Contact (name & phone) _____

Reception Site: _____ Phone: _____ Banquet Mgr: _____

Time of Reception: _____ Delivery Time: _____ Number of Guests: _____

How will cake be served? dessert or coffee station Florist: _____ Phone: _____

Cake Design: _____ Book: _____ Page: _____

Cake Top: _____ Tiers: _____ Sides: _____
 (Serves Approx.) _____

Cake: _____ Filling: _____ Icing: _____

Type & Number Plates: _____ Type & Number Pillars: _____

To ensure proper answers & service, all communications & payments need to be handled thru Trish Mullaney, Cathy Barron, Sue Tallmadge or Mary Ann Guest

*Design changes must be made no later than 6 weeks prior to delivery

*Flavor changes must be made no later than 1 week prior to delivery

*Changes in side cakes can be made up to Monday prior to delivery

Total: _____

Non-Refundable Deposit: _____

Sub Total: _____

Refundable Parts Deposit: _____ Due w/ balance (Refund will be issued by office after return of all pcs, in good condition.)

Additional Purchase: _____

Additional Purchase: _____

Total: _____ **BALANCE DUE ONE WEEK PRIOR TO DELIVERY**