



Livy Cakes Order Form

Customer Name: _____

Phone Number: _____

E-mail: _____

Date of event: _____ Pick up or delivery: _____

Address of event: _____

Event Type: _____

Number of servings: _____ Number of tiers: _____

Shape of cake or tiers: _____

Cake Flavor(s): _____

Buttercream Flavor(s): _____

Colors/Themes: _____

(Please attach any color swatches)

Wedding Cakes:

Cake Topper: Yes/No

Saving top tier to freeze: Yes/No

Cake stand or display: Yes/No

Special Instructions: _____