



Order a FREE cake for your child!

Please return this form at least 2 weeks in advance. Complete ALL fields below!

Type of Celebration (circle one):

Birthday Graduation Adoption

Child's Information:

First Name: _____

Last Name: _____

Date of Birth: _____/_____/_____
 month day year

Age Child is Turning: _____

Gender (circle one):

Male Female Gender Neutral

Dessert (circle one):

Cake Cupcakes Bars Cookies Brownies
 Baker's Choice of Bars, Cookies, or Brownies

Cake Flavor (circle one):

(Cannot require refrigeration: no whipped cream, ice cream, tres leches, cream cheese, custard)

<input type="checkbox"/> Baker's Choice	<input type="checkbox"/> Lemon
<input type="checkbox"/> Banana	<input type="checkbox"/> Marble
<input type="checkbox"/> Chocolate	<input type="checkbox"/> Red Velvet (no cream cheese)
<input type="checkbox"/> Coconut	<input type="checkbox"/> Strawberry
<input type="checkbox"/> Coffee	<input type="checkbox"/> Vanilla

Preferred Theme / Colors (circle one, or write in):

Baker's Choice

No Decorations

Custom Theme – specify here: _____

Allergy Information:

I acknowledge that all baked goods are prepared in home kitchens and not in certified allergen-free facilities. (Initial here) _____

Food Allergies (circle all that apply)

None (No Allergies)

Nut/Coconut-Free

Gluten/Wheat-Free

Lactose/Milk-Free

Sugar-Free

Egg-Free

Vegan

Other – specify here: _____

Requested Date and Time:

(Cake4Kids delivers Monday–Friday. Cake4Kids does not deliver on weekends or major holidays.)

Date: _____

Time Window: _____ – _____
 Time window must be at least 2 hours long

Contact information of person submitting this request:

Name: _____

Relation to Child: _____

Phone: _____

Email: _____

Celebratory Message on Cake / Treats:

(Cannot include age in message)
