## **SILVER BAY YMCA CAKE ORDER FORM**

## **MUST BE ORDERED 72 HOURS IN ADVANCE - NO EXCEPTIONS**

All cake orders are for dining hall or pick up only

Guest Name:			Date Ordered:		
Date/Time of Pick Up:					
Staff Taking Order:					
Please Check One in E	ach Category	<b>/:</b>			
CAKE FLAVOR	□Yellow	□ Mart	ole	☐ Chocolate	
FROSTING FLAVOR	□Vanilla	□ Choo	olate		
FROSTING COLORS	□Primary	□Past	el	☐ Prefrence:	
BORDER	R		amers		
Cake Type (please cho	ose one):				
□10 INCH DOUBLE LAYER		<b>\$35.00</b> Se		es 10 to 15 people	
□1/2 CHEET CAKE □ FULL SHEET CAKE		50.00	Serv	rves 20 to 30 people	
		\$85.00		es 50 to 70 people	
ICE CREAM CUPS (option	onal) \$1	1.00 Per	Perso	n, Per Flavor	
□ Vanilla □ Chocola	te 🗆 Straw	vberry	# (	of People:	
Cake Message:					
ose Payment Type:	⊐Cash	□Check		Credit Card	
AL DUE:					

Guest Signature: \_\_\_\_\_