American Dream Cakes, Inc

1121 Gum Branch Road, Jacksonville NC 28540 (910) 346 2347

Wedding Consultation Form

PLEASE complete, print and bring a copy of this form to your consultation appointment. Thank you.

Bride's Name:Groom's Name:			
Email Address:			
Phone: Alternate Phone:			
Best Time to Call: Morning Afternoon			
Mailing Address:			
Wedding Information			
Wedding Date: Ceremony site:			
Reception Venue: Time:			
Reception Address:			
Number of Guests invited: Amount of guests expected to attend:			
Will you be saving the top-tier?YesNo			
What style reception are you planning?			
Cake & Punch Light Hors d' oeuvres Heavy Hors d' oeuvres Full meal			
Will there be other desserts?YesNo			
Will there be alcohol served?YesNo			
Are you working with a Wedding Planner?YesNo			
If yes, name of Business:			
Coordinator: Phone Number:			

Wedding Cake

Do you have a photo of the cake you want?Yes No			
Please bring a photo of your dream cake to your appointment if you have one.			
Wedding Cakes you like from our website and number: http://www.americandreamcakes.com/wedding-cakes.html			
Stacked # Separated #			
Describe your dream wedding cake:			
Do you want to incorporate your Wedding colors into the design of the cake?YesNo			
If yes, what are they?			
Cake flavors preferred:			
Fillings preferred:			
Shape of tiers preferred:Round Square HexagonHeartCombination other			
Describe:			
<u>Groom's Cake</u>			
Groom's Cake:YesNo Do you have a photo of the cake you want?Yes No			
Please bring a photo your appointment if you have one.			
Design # from my website: Grooms Cake			
http://www.americandreamcakes.com/wed-grooms-cakes.html			
Cake flavor preferred:			
Filling preferred:			

Vendor Information

Florist:	Number:	
Photographer:	Number:	
Caterer:	Number:	
Venue manager:	Number:	
Coordinator:	Phone Number:	
Addition	al Information or Questions	
	ា: Time:	
Your Tasting appointment is on:	Time:	