



WEDDING CONSULTATION QUESTIONNAIRE

To schedule a consultation, please email deana@belmarbakery.com. A staff member will contact you within 24-48 hrs to schedule your consultation. Once your consult is scheduled, we ask that you complete this form and bring it with you to your appointment.

Bride _____ Phone(H) _____ Cell _____
Groom _____ Phone(H) _____ Cell _____
Mailing Address: _____
Main Contact _____ Phone(H) _____ Cell _____

RECEPTION INFO

Wedding Reception Date ____/____/____
Reception Location (Name of Facility or Residence)
Name _____
Address _____
Phone _____ Contact _____
Time of wedding _____ Time of Reception _____
Will the cake be set up _____ outside or _____ inside?
Time of cake cutting? _____ # of Guests _____
Are you picking up the cake or do you want us to deliver it? _____

FLOWERS

Are you planning on decorating with fresh flowers? Yes _____ No _____ What kind? _____
Florist _____ Florist Phone _____
What kind of topper have you chosen? _____
Any other decorations? _____

THE CAKE

Do you have a photo/drawing of the cake design you like? _____ Yes _____ No
How many tiers you would like? _____
What kind of look do you want? Stacked _____ Tiered w/ Pillars _____ Cascaded _____
Do you want the cake to be a color other than white?
If so, what _____
What kind of frosting do you want? _____ Butter cream _____ Rolled Fondant _____ Cream Cheese
What kind of cake flavor(s) do you want? _____
Do you think you want any additional sheet cakes or cupcakes? _____
Do you need any special stands or fountains? _____

OTHER INFO

