Ice Cream Cake Inquiry Form

Contact Name:_____

Contact Number:_____

Email Address:_____

Pick Up Date:_____

Serving Size (Please Check One)

☐ 8 inch round (10-12 servings)

☐ 12 inch round (12-15 servings)

Requested Flavor(s)(Up to 2):_____

Requested Topping(s):_____

Special Requests/Notes - (Additional Charges May Apply) :

_____

_____

_____

Please note: Customized cakes must be paid in full prior to pick up date.

Please email this completed form to info@piccsicecream.com

Thank you for the opportunity to earn your business!