



Rosa's Kreations Order Form

Contact Information

Client Name: _____

Cell Phone: _____ E-mail: _____

Event Information

Date of Event: _____ Name on Banner: _____

Scheduled Event Start Time: _____ End Time/Pick up: _____

Type of Event: _____ Number of Guest: _____

Color or Theme of Event: _____

Type of Treats (Per Dozen)

Cake Pops: _____ Cup Cakes: _____ Caramel Apples: _____ Chamoy Apples: _____

Chocolate Pretzels: _____ Chocolate Strawberries: _____ Chocolate Oreos: _____

Rice Krispy Treats: _____ Gum Balls: _____ Hard Candies: _____ M&M's: _____

Themed Cookies: _____ Rock Candies: _____ Marshmallows: _____

Other: _____

Themed Cake: Yes / No Tiers: _____ Cake Flavors: _____

Centerpieces: _____ Flowers: _____ Balloons: _____ Candy Bags: _____

Event Location

Name of Location/type: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Notes:

