



Sweet Arts Bakery Care Package Form

95 Main Street, Geneseo NY, 14454

Phone: (585) 245-9161

Email: sweetartsbakerygeneseo@gmail.com

If called in before **10am** we can deliver the same day if there is enough people on shift

Order Taken By: _____

Date Order Was Taken: ____ / ____ / ____

CIRCLE ONE:

Small Dessert	Large Dessert	Brunch
½ Dozen Cookies 4 Brownies 2 Cake Pops * can specify flavors 24 hours in advance	2 Cinnamon Rolls ½ Dozen Cookies 3 Brownies 3 Magic Bars 3 Cake Pops * can specify flavors 24 hours in advance	2 Cinnamon Rolls 3 Scones 2 Muffins 3 Turnovers * can specify flavors 24 hours in advance
\$20	\$35	\$30
Specifics: _____	Specifics: _____	Specifics: _____

***** All of these will have an additional \$5 added on for delivery charge**

Care Packages are **bakers choice***** you need to ask if the person has any allergies. Minor specifications can be made if called in 24 hours in advance (ie. only wanting chocolate chip cookies). If someone wants to have specific flavors or different amounts then it is no longer a care package and becomes a baked good order.

Customer Information	
Name	_____
Phone	_____
E-mail	_____

Progress of Order	
	Order discussed
	Order placed
	Order confirmed
	Order delivered/picked up

Order Paid?	_____
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Pick-Up	
Sun. Mon. Tues. Wed. Thurs. Fri. Sat.	
Date: ____ / ____ / ____	Time: _____
Delivery	
Sun. Mon. Tues. Wed. Thurs. Fri. Sat.	
Date: ____ / ____ / ____	Time: _____
Name: _____	
Phone: _____	
Address/Message: _____	

