

Fall Festival Bake Shop Pre-Sale Order Form

Name: _____

Phone #: _____

Approximate Date Needed: _____

Email: _____

Item	Number	Price	Total	
3-Layer Carrot Cake	_____	x \$20	_____	
Lemon Meringue Pie	_____	x \$15	_____	
Pumpkin Pie	_____	x \$12	_____	
Cream Puffs	_____	x \$15	_____	<input type="checkbox"/> 24 Mini/ <input type="checkbox"/> 12 Large
Sour Cream Coffee Cake	_____	x \$9	_____	
Potato Rolls (16/pkg)	_____	x \$6	_____	

Amount Due _____

Please make checks payable to St. Andrews By-the-Sea UMC and note for the bake shop.

Paid Receipt for purchase of baked good: Date.....Amount.....Item.....Name.....