

**RHA**  
**Birthday Cake Order Form**

Today's Date: \_\_\_\_\_

*Price per Cake: \$26.50*  
*(Use 1 sheet per order)*

**Person Placing Order Information** *(all checks must be made payable to RHA)*

Person Placing Order: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
*Name*

**Student Information**

Student Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date to be Delivered: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Room Number: \_\_\_\_\_

**Cake Information**

Message on Cake: \_\_\_\_\_

Type of Cake: *(please check*  *one box )* Additional Information: *(optional)* Vanilla  
Chocolate   
Swirl

Type of Icing: *(please check*  *one box )*  
Vanilla   
Chocolate

Type of Writing: *(please*  *check one box )*  
Vanilla   
Chocolate

**RHA Information** *(office use only)*

Order Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Name*

Placed Order to Bakery:

Date:

\_\_\_\_\_

\_\_\_\_\_

*Name*

Order Picked Up By:

Date:

\_\_\_\_\_

\_\_\_\_\_

*Name*

Order Delivered By:

Date Delivered:

\_\_\_\_\_

\_\_\_\_\_

*Name*

Payment Received Amount:

Payment Received

Date:

Please make all checks made payable to RHA (note on memo: Birthday Cake and Student's Name)  
Mail to Methodist University, Housing Residence Life, 5400 Ramsey St., Fayetteville, NC 28311-1498