Holiday Order Form

Name _____

Phone # _____

Payment

To secure your order, we must receive a deposit of 50% or more. Please submit payment at time of order or call us with payment info ***no later than November 23rd.***

Pickup Time (circle one)

Wed./Thurs. Time: _____

Dietary Concerns / Comments:

_____

_____

Special Requests / Custom Order

(must clear with Carina first)

_____

_____

Item	# of Units
Cherry Stars	
Almond Raspberry Danish	
Cinnamon Rolls	
Saffron Buns	
Cardamom Buns	
Christmas Scones	
Cardamom Ring	

Item	# of Units
Almond Ring	
Almond Kringla	
Swedish Stollen	
Lingonberry Coffeecake	
Challah Bread	
Christmas Cookies	_____dozen
Jul Log	
Smörgåsbord Box	
Limpa	
Herb Rolls	
GF Pumpernickel	
Lefse	
Carrot Lox	
Lingonberry Sauce	
Swedish Schmeatballs	
Pepparkakor Cake	
Marzipan Tarts	
Chocolate Sundae Pie	
Pear Ginger Tart	
Chocolate Mint Pie	
Lingonberry Cheesecake	
Rice Pudding	
Snow Pudding	
Ice Cream Pint (Flavor: _____)	
Ice Cream Gallon (Flavor: _____)	