



Frost Gelato
Bucket Order Form

FROST
A Gelato Shoppe

Order Taken By: _____

Name: _____

Bucket Date: _____ Phone Number: _____

Credit Card: VISA or MASTER CARD _____

Exp. Date: _____

One Bucket Serves Approximately 30 people
Must have at least 24 hours notice!

Number of Cups and Spoons: _____

Flavors:

| | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Time of Pick-up (after 11:30am): _____