

ANF COOKING CONTEST RECIPE FORM

PLEASE TYPE OR PRINT CLEARLY IN INK.
ATTACH ADDITIONAL SHEETS IF NECESSARY.

Submitted by: _____ Exhibitor #: _____

Address: _____ Zip: _____ State: _____

Phone #: _____ Year Submitted: _____

To be completed by CLC Staff:
Contest Rules stipulates that a specific product must be used: _____ YES _____ NO
Product Verification: _____ CLC Staff: _____

Contest Category/Name: _____

Name of Recipe: _____

Table/Station Number (Will be provided at time of contest): _____

INGREDIENTS:
(Must include measurements)

DIRECTIONS:
(Please be specific/thorough)

