

# 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 stipulate 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)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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