



RECIPE SUBMISSION FORM

(ONE RECIPE PER PAGE)



Cookbook will contain the following categories.
Please check the category in which you'd like your recipe to appear.

- | | |
|--|---|
| <input type="checkbox"/> Appetizers & Beverages | <input type="checkbox"/> Breads, Loaves & Muffins |
| <input type="checkbox"/> Soups & Salads | <input type="checkbox"/> Desserts |
| <input type="checkbox"/> Vegetables & Side Dishes | <input type="checkbox"/> Cookies, Bars & Candy |
| <input type="checkbox"/> Main Dishes | <input type="checkbox"/> This & That |
| <input type="checkbox"/> Other (Please Specify: _____) | |

NAME OF RECIPE

YOUR NAME

Please use this form to send us your recipes. To avoid errors, please type or neatly print your recipes and double-check for completeness and accuracy. Thank you!

PLEASE USE APPROPRIATE ABBREVIATIONS

teaspoon.....tsp.	milliliter.....ml
tablespoon.....tbsp.	liter.....L
cup.....c.	milligram.....mg
quart.....qt.	gram.....g
ounce.....oz.	kilogram.....kg
pint.....pt.	millimeter.....mm
gallon.....gal.	centimeter.....cm
inch.....in.	meter.....m
pound.....lb.	celsius.....C
fahrenheit.....F	

INGREDIENTS (BE SURE TO INDICATE QUANTITY OR AMOUNT)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

METHOD (BE SURE TO INDICATE CONTAINER SIZE, OVEN TEMPERATURE, AND COOKING TIME!)

If you need more room ✓ box and continue on back ☐ OVER

Recipes Notes or Comments on back ☐ OVER

Please provide your contact information in the event we need to contact you for recipe clarification or corrections.

Your personal information will not be shared or distributed.

Your Name: _____

Phone number: _____

Email address: _____