



Honey Bake-off

NAME OF DISH: _____

CATEGORY

YOU MUST SELECT ONE

___ CLASS 1: BAR COOKIES

___ CLASS 2: DROP COOKIES

___ CLASS 3: CAKES

___ CLASS 4: PIES

___ CLASS 5: MUFFINS OR QUICK BREAD

___ CLASS 6: YEAST BREAD OR ROLLS

___ CLASS 7: MUNCHIES

___ CLASS 8: GLUTEN-FREE

EXHIBITOR NUMBER _____

EXHIBITOR NUMBER _____

NAME OF DISH _____

INGREDIENTS (PLEASE USE STANDARD
ABBREVIATIONS OR SPELL OUT)

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DIRECTIONS

BAKING TEMP _____ BAKING TIME _____ YIELD _____



USE ADDITIONAL PAGES AS NECESSARY!



EXHIBITOR NUMBER
(ASSIGNED BY
BAKE-OFF PERSONNEL)



FULL NAME

MAILING ADDRESS

PHONE

EMAIL
