



Honey Bake-off

Entrant Number
(Bake-off personnel use)

NAME OF DISH

Category (select one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Category 1: Bar Cookies | <input type="checkbox"/> Category 4: Pies | <input type="checkbox"/> Category 7: Munchies |
| <input type="checkbox"/> Category 2: Drop Cookies | <input type="checkbox"/> Category 5: Muffins or Quick Breads | <input type="checkbox"/> Category 8: Gluten-Free |
| <input type="checkbox"/> Category 3: Cakes | <input type="checkbox"/> Category 6: Yeast Bread or Rolls | <input type="checkbox"/> Category 9: Youth Baker (under 17) |

INGREDIENTS

(Please use standard abbreviations or spell out)

DIRECTIONS

Temp _____

Baking Time _____

Yield _____

[illegible]