



ENTRANT NUMBER _____

(TO BE ASSIGNED BY BAKE-OFF PERSONNEL)

HONEYFEST BAKE-OFF

ENTRANT INFORMATION

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Please indicate which categories you are entering

(check all that apply):

Recipe Name

- ☐ Category 1: Bar Cookies
- ☐ Category 2: Drop Cookies
- ☐ Category 3: Cakes
- ☐ Category 4: Pies
- ☐ Category 5: Muffins or Quick Breads
- ☐ Category 6: Yeast Breads or Rolls
- ☐ Category 7: Munchies
- ☐ Category 8: Gluten-Free
- ☐ Category 9: Youth Baker (under 17)
