BROWN COUNTY 4-H SPECIAL FOODS
CONTEST REGISTRATION FORM

Contestant Name: ____________________________________________
Recipe Selected: ____________________________________________

Food Group Recipe is Entered in (Check □ One):

□ Milk      □ Meat/Protein    □ Vegetable    □ Fruit      □ Bread & Cereal

How much time will you need to prepare and cook or bake your dish? __________________________

Will you need one of the following?

□ Range Top       □ Oven       □ Oven temperature   □ Microwave

□ 4-H Age (Age on January 1st of the current year)   □ Years in 4-H (Include This Year)

4-H Club Name __________________________

RETURN TO: Brown County 4-H Office
400 24th Ave NW, Aberdeen, SD  57401

REGISTRATIONS MUST BE RETURNED BY JUNE 5, 2015, 5:00 p.m.

For assistance in selecting recipes and contest details contact the 4-H Office

Contest Date: Wednesday, June 17th

Indicate if this dish qualifies for a Special Award and list each award as per description in the State Fair Exhibit Book and Page Number. List: ____________________________________________

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4-H Club Name __________________________

RETURN TO: Becca Tullar, 4-H Youth Program Advisor/Brown County
400 24th Ave NW, Aberdeen, SD  57401, 626-7120, brown.county@sdstate.edu

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