



FAVORITE FOOD CONTEST APPLICATION



NO LATE ENTRIES ACCEPTED

Return to Your County Extension Office:

Sussex – DEADLINE: Mon, Mar. 18, 2022

Kaleb Scott
kjscott@udel.edu

Kent – DEADLINE: Fri, Feb. 5, 2022

Caroline Del Vecchio
cadv@udel.edu

New Castle – DEADLINE: Fri, Mar 11, 2022

Serena Conner
serenac@udel.edu

Names of other family members who will enter the contest:

Name:	Club:
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Home Phone:	Cell Phone:
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Email:

Age as of January 1, 2022: _____

Number of years* in this activity: _____

*Do not include Cloverbud years

DIVISION (Use age as of 01/01/22)

- Beginner (8-10 years)
- Junior (11-13 years)
- Senior (14 and over)

CLASS OF FOOD (Check one)

- Appetizer
- Breads
- Breakfast Casserole
- Cookies, Cupcakes, or Brownies (*Beginners only*)
- Dessert
- Main Dish
- Side Dish

Cloverbud (5-7 years)

Cookies, Cupcakes, or Brownies

RETURN THIS WITH YOUR ENTRY FORM!!!
BE SURE TO KEEP A COPY FOR YOURSELF



MEAL PLAN
(Menus are **not** required for Cloverbuds)

Please fill in the information below carefully, neatly, and accurately. This sheet will be given to the judge. Please type. **BE SURE TO PROOFREAD AFTER TYPING!**

Name:

Club:

Recipe Title:

MEAL PLAN: Beginners & Juniors: Plan for one meal using recipe.

Senior: Meal plan for full day using recipe in one meal.

RETURN THIS WITH YOUR ENTRY FORM!!!

- Be sure the amounts of ingredients are accurate!
- List ingredients first in order of use . . . then directions!
- Don't forget to include **temperature** and number of servings!
- **BE NEAT!**



RECIPE

Name:

Club:

Recipe Title: