Washington University Dining Services

Recipe Submission Form

Student Name: _____

Date: _____ Email Address: _____

Recipe Name: _____

Ingredient	Amount	Notes

Instructions: (attach instructions to this sheet if more space is required)

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☐ I give WashU Dining Services rights to use the above recipe for any purpose including this or future special meal events. I recognize that WashU Dining Services reserves the right to make alterations or modifications to the recipe as needed.