

Save your Word document with your last name first:

“Last name – recipe name”

Email to: ARozzo@FLCancer.com

Delete this text box before sending.

**National Nutrition Month**

Recipe Contest Submission Form

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:**  |  |
| **Telephone (best #):**  |  |
| **I am at least 21 years old** |  | Yes |  | No |

**[Insert Recipe Name]**

\*\*In this space, add a brief description of this recipe and what makes it unique or personal to you (up to 50 words).

**Yield:** # of portions and portion size

**Timing:** Prep Time = Total Time =

\*\* Insert a photo here (compress the photo before adding)

**Ingredients**

*List in order of use in common measurements.*

**Method of Preparation (Instructions)**

**Utensils/Equipment Needed**