

RECIPE COLLECTION FORM

RECIPE NAME: _____ Yield: _____

Submitted by: (Name) _____

City, State _____

Phone Number: (W) _____ (H) _____

CATEGORIES: (Circle One)

- | | | |
|------------------------|---------------------|--------------------------|
| • Appetizers/Snacks | • Casseroles | • Pies/Cakes |
| • Bars | • Cookies | • Salads |
| • Beverages/Misc. | • Desserts | • Soups/Sandwiches |
| • Breads/Muffins/Rolls | • Ethnic Foods | • Vegetables/Side Dishes |
| • Breakfast/Brunch | • Healthy Eating | |
| • Candy | • Main Dish/Entrees | |

INGREDIENTS: (List **all** ingredients in their **proper** order: 1, 2, 3, etc. Divide evenly, placing half of ingredients in left column, second half in right column.)

PLEASE TYPE OR PRINT NEATLY

1. _____	_____
2. _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

METHOD:

If necessary, continue on back of sheet. (Please mark the bottom of this sheet "over".)