

Recipe Submission Form

No Time To Cook?

Your Information

Your Name _____
First: _____ Last: _____

School Name: _____

School Type (Choose One):

Grammar School Intermediate School Middle School

Junior High School High School Academy

School Location: _____
City _____ State: _____

Your Phone: (_____) _____
Area Code _____ Phone Number _____

E-mail: _____

Recipe Information

Recipe Name: _____

Recipe Category:

<input type="checkbox"/> Slow Cooker (Crock Pot) Meal
<input type="checkbox"/> Make Ahead Freezer Meal
<input type="checkbox"/> Make Ahead Casserole
<input type="checkbox"/> Cook Once Eat All Week
<input type="checkbox"/> other _____

Makes or Serves: Makes Serves

Quantity: _____

