



**Favorite Foods Day-March 15, 2014**

**Entry Form**

**Due to Mariposa 4-H Office by Friday, March 7, 2014**

**In the interest of fairness, late entries will not be accepted under any circumstances**

**It is recommended that you call the Mariposa 4-H office to confirm your entry has been received.**

County: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Name: \_\_\_\_\_

**(use backside of form to write down your recipe)**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Favorite Food Categories- Mexican, Italian, American Entrée or Desserts (circle one)**

**DESSERTS MUST BE HEALTHY DESSERTS!**

Primary: K-3<sup>rd</sup> Junior: 4<sup>th</sup> 5<sup>th</sup> Intermediate: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Senior: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**(Circle Grade You are In)**

Please bring a card table, table cloth, flowers, etc. to display your favorite dish.

By signing this form, I state that the information on this form is correct to the best of my knowledge. Unsigned forms will not be accepted.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Project Leader

or Club Leader: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to be a Room Coordinator (4<sup>th</sup> grade +)    Tally Crew    Kitchen Helper

County: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Send or FAX registration form to:

Donna Wice, 4-H Coordinator  
4-H Office Mariposa County  
5009 Fairgrounds Rd.  
Mariposa, CA 95338  
Fax 209/966-5321  
Phone 209/966-4829  
Email dswice@ucanr.edu