

Recipe Collection Form



Mail To: Rebecca Ezell
MARL
P.O. Box 13768
Jackson, MS 39236

Must be returned by: **May 1, 2008** Submitted by: _____ your phone: _____ your email: _____

recipe title: _____

category: (please circle one)

appetizers	salads	poultry/duck/game	rice/beans/potatoes	snacks	other
beverages	casseroles	fish/seafood	vegetables	desserts	_____
soups	meats/beef/pork/lamb	pasta	sandwiches	bread	_____

ingredients: (List in order used in recipe)

instructions: Please test before submitting recipe to be sure all ingredients & instructions are correct.
Use the check list to the right to be sure all essential elements are included.

- | | |
|--|---|
| <input type="checkbox"/> Preparation Time | <input type="checkbox"/> Microwave time |
| <input type="checkbox"/> Bake or cook time | <input type="checkbox"/> Prepare ahead? |
| <input type="checkbox"/> Yield | <input type="checkbox"/> Freezes well? |
| <input type="checkbox"/> Pan preparation | <input type="checkbox"/> Ranking |
| <input type="checkbox"/> Pan or dish size | (easy, average, difficult) |

miscellaneous: (Notes, Hints, Healthy Substitutions, etc.)

NOTE: Please use additional paper for longer recipes as needed.

I hereby contribute this family favorite recipe for the _____ cookbook. _____ Signature _____ Date

Please reserve me _____ copies/cartons of the new cookbook