

Recipe Submission Form

Submitted by:

Phone Number: (committee
use only)

RECIPE NAME:

PREP TIME: COOK TIME: SERVINGS:

OVEN TEMP: (if applicable)

Ingredients:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

INSTRUCTIONS:

Ethnic Origin of Recipe: (Mark all that apply)

- | | | | |
|-----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> American | <input type="checkbox"/> Greek | <input type="checkbox"/> Mexican | <input type="checkbox"/> Other: (Specify) _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Italian | <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> German | <input type="checkbox"/> Irish | <input type="checkbox"/> Native American | |

Please give a brief description of what this recipe means to you. (i.e. What is the tradition behind when you serve this recipe? Or what good memory do you personally have associated with this recipe?)

Category of Recipe: (Mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Appetizer | <input type="checkbox"/> Freezer Meal (specify freezing & reheating instructions) | <input type="checkbox"/> Low-Sugar / Diabetic |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Gluten-Free | <input type="checkbox"/> Lunchbox favorite |
| <input type="checkbox"/> Campfire Friendly | <input type="checkbox"/> Kid-Friendly | <input type="checkbox"/> Main Dish |
| <input type="checkbox"/> Dessert | <input type="checkbox"/> Low-Carb | <input type="checkbox"/> Potluck Favorite |
| <input type="checkbox"/> Entertaining | <input type="checkbox"/> Low-Fat/Heart Healthy | <input type="checkbox"/> Salad |
| <input type="checkbox"/> Entrée | <input type="checkbox"/> Low-Sodium | <input type="checkbox"/> Side Dish |
| | | <input type="checkbox"/> Soup |

The cookbook committee wants to ensure a variety of recipes published in the cookbook. Please try to select unique recipes, ones that perhaps hold a strong memory for you and your family. You can either type on this document, hand-write on this document or copy your recipe and attach to this form. Please make sure to share you mark the appropriate Ethnic Origin and Recipe Category as well as record the memory associated with the recipe you submit. If you would like to send electronically, please send us an email message, spwacookbook@yahoo.com and we will forward the form. Please call Crystal Barry, 414-423-0244 with any questions.