



King Coal Days 2017
Bake Off-Cook-Off Entry Form
Hanna Parks & Recreation Center
P.O. Box 99Hanna, WY 82327 (307)325-9402
hannarecenter@vistabeam.com
Saturday July 22, 2017, starts at 3:00 pm

Business/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Contact Person If Different Than Above

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

What did you cook? _____

Are you willing to share Recipe? _____

TYPE OF ENTRY

___ Breakfast ___ Dinner ___ Lunch ___ Dessert

Brief Description of Ingredients used:

Were did you learn about this event?

Radio___ Newspaper___ Friend___ Other___

Will you be staying at any hotels in the area? Y / N

1. I hereby certify that _____, (name(s)) is in good health and capable of participating safely in the King Coal Days Bake Off-Cook-Off, and has accident and health insurance, and the Hanna Parks and Recreation Department, and all other participative agencies are not liable for any accident while participating in the Bake-Off-Cook-Off.

2. I hereby authorize the Directors of the Hanna Parks and Recreation Board to act in my behalf in accordance with their best judgment in case of an emergency.

3. I understand the goals and objectives of the Bake-Off-Cook-Off are based on fun, fair play, skill development and teamwork.

Date _____ Name _____

Signature _____

-----FOR JUDGES ONLY-----

CATEGORY _____

PLACE _____

