

SSF Cookbook Recipe Submission Form

Your information

Your Full Name: _____

House: _____ School Year: _____

Recipe information - Please fill out the following fields about your recipe.

Title of recipe: _____

Recipe preparation time: _____ Recipe cook time: _____

Recipe type: (Please circle one)

Breakfast/brunch Soups/salads Appetizer Lunch Dinner Dessert Other: _____

Recipe ingredients and amounts:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Recipe instructions:

Additional Comments:

(Can include any background information about the recipe, family stories, nutrition information, etc.)
