

Bates College Dining's Thoughts of Home recipe contest

Name of Recipe _____

#of Servings _____

Ingredients (please be specific)

Directions

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

If the person submitting is Bates Parent,
Please complete student information:

Student Name _____

Class of _____

Student E-mail address _____

