

FOOD COOK-OFF REGISTRATION FORM



Team Name: _____

Age Division

County: _____

JR

INT

SR

Team Member 1

Team Member 2

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Team Member 3

Team Member 4

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Junior teams will draw one of the three recipes provided. All food ingredients will be provided for teams to use for the contest. Teams may alter, add, or substitute ingredients (not required (May gather up to 5 additional ingredients from 4-H Pantry 2 trips allowed) Prepare entree, plan presentation, determine cost of dish and clean up assigned area in 1 hour.

Teams will be evaluated on team work, food safety, skills, in addition to a 5 minute interview judging. Interview Judging Presentation should include:

Knowledge of My Plate
Nutrition Knowledge,
Chronic Disease Prevention
Food Preparation
Safety Concerns and Practices
Serving Size
Information, and Cost Analysis of the Entree

Appearance, Creativity,
Effective Communication
and Team Work will be
scored as well.

REGISTRATION DUE BY MAY 31, 2019

