GREENE COUNTY UNITED WAY GREENE COUNTY FOOD FIGHT REGISTRATION



| BUSINESS: | | |
|---|--|------------|
| CONTACT: | | |
| ADDRESS: | | |
| | | |
| E-MAIL: | | |
| PHONE: | | |
| | | |
| Par | rticipant Information: | |
| COURSE YOU WI | ILL BE MAKING (CHECK ALL THAT APPLY) AND DISH YOU WILI | BE SERVING |
| APPETIZER | | |
| | | |
| SIDE | | |
| | | |
| ENTREE | | |
| DESSERT | | |
| | | |
| l would like | e GCUW to record my entry video. | |
| AVAILABLE DAT | TES | |
| l will record | rd and submit my entry video to GCUW by Wednesday, M | 1arch 9. |
| BEST DAYS/TIMES FOR JUDGING (YOU WILL PROVIDE 5 SAMPLES AT THIS TIME) | | |

Please return completed form to MaChal Forbes at mforbes@greenecountyunitedway.org