

Name of Contestant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ 4-H Club (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact and #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

My son/daughter has permission to participate in the 4-H activities checked below. In case of a medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by Extension personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Is your child allergic to any food or medicines? If yes, please describe:

Does your child have any special needs the staff should be aware of? If yes, please describe:

I authorize Cooperative Extension to use my child's image in newspaper articles, brochures, newsletters, web sites, and any other marketing efforts to promote the 4-H Youth Development Program:

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Children ages 9 and under must be accompanied by an adult. All family members are invited to stay and join the fun!

How many youth and adults will be attending the 4-H Bake-Off\_\_\_\_\_\_\_

Would you like to help supervise a craft or activity during the Bake-Off event (Adults and Teens only) \_\_\_\_\_\_

4-H County Wide 4-H Bake-Off 2019  
\*For ages 5-18. You do not have to be a 4-H club member to participate.

Bake-Off Entry

**Baking categories:** Brownies Yeast Breads Fruit Pies Cookies Muffins Quick Breads Biscuits Cakes

**Contest Rules:**

* Only one entry per child/student.
* No entries made from pre-packaged mixes.
* Do not enter any items that require refrigeration (example:cheesecake, meringue, custard pies, cream-filled cakes pastries etc)
* All entries need to be baked goods, i.e., do not submit "no-bake cookies" or similar items.
* Entries need to be prepared by the child submitting the entry with appropriate adult supervision and support as needed for child's age and skill level.
* Complete typed recipe with instructions needs to be submitted for each baked good entry at registration **(by Nov 1).**
* Children should bake and bring the recipe they originally submitted and should not make last-minute recipe substitutions.
* For the judges: Securely wrap **six** small servings together on a paper plate, clearly labeled with the name of the baked product. Servings do not need to be individually wrapped.
* Do NOT put your name on your entry OR on your typed recipe. You may bring extra baked goods to sample and/or donate to “The Storehouse” in a separate, non-returnable container.

**Name of attached recipe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Or send via email to hannah\_worrell@ncsu.edu)**