BISMARCK CANCER CENTER FOUNDATION

APPLE fest

Apple Dessert Entry Form

Name: _____

Address: _____

_____

Phone Number: _____

email address: _____

Please check the category your dessert will be entered in:

☐ Cakes ☐ Cookies/Bars ☐ Pies/Pastries

Recipe: _____

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For Office Use Only:

Entry Number: _____