

# Chocolate Festival

January 29, 2012

## Participant Entry Form (Please Print Legibly)

Your Name \_\_\_\_\_ Child's Name (if applies for category entry) \_\_\_\_\_

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

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Are you participating as:

- Adult (age 18 and up)     Adult/Child (age 10 and under) team     Adult/Child (age 11-17) team

Name of dessert entry: \_\_\_\_\_

*Please circle the category you are entering (one form per entry):*

- Cake** (2 to be donated)    **Cookies** (2 dozen to be donated)    **Brownies** (2 dozen to be donated)  
**Chocolates** (3 lbs. To be donated)    **Pies** (2 to be donated)    **Miscellaneous** (2 of each to be donated)  
**Chocolate Sculpture** (1 to be donated)

A prize will be awarded to the most creative edible Chocolate Sculpture.

**\*\* Please no refrigerated desserts\*\***  
**(baked cheesecake o.k.)**

One dessert is for judging and public tasting. The other is to be auctioned or raffled off where the proceeds will benefit Mayers Memorial Hospital District.

Only one chocolate sculpture is necessary!

Please put your desserts on or in disposable containers as we will be unable to return them to you.

**The chefs will deliver their desserts to Ingram Hall between 12:30—2:00 p.m.**

A team of judges will judge the desserts at 3:00 p.m.—based on taste, appearance, and creative use of chocolate.

**\*\*\* Event open to public at 4:00 pm — Auction begins at 5:00 pm. \*\*\***

**PLEASE RETURN REGISTRATION FORM BY JANUARY 16, 2012 FOR EARLY BIRD REGISTRATION (eligible for a \$50 cash prize) TO:**

*Chocolate Festival*

Mayers Intermountain Healthcare Foundation  
P.O. Box 77 · Fall River Mills · CA (530)336-5511 Ext. 1130

(This form may be duplicated for more than one entry)