

**Eastland County 4-H Food Challenge**



**Entry Form**

**Name** \_\_\_\_\_

**Age Division** \_\_\_\_\_ **Club** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**Team Members** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any allergies and/or special considerations:**

\_\_\_\_\_  
\_\_\_\_\_