

Favorite Foods Day Entry Form

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Age: _____

Grade: _____ Club: _____

Years in Food: (circle)

1st - Fruit or Vegetable

2nd – Grain Dish

3rd – Dessert

4th – Meat or Bean Dish

5th & Above – Whole Meal

**Please check if you would like to take part in the
Coordinated Theme Setting []**

Send entry form to the 4-H Office-
1031 S. Mount Vernon Ave.-Bakersfield, Ca 93307 or Fax: 868-6208
ENTRIES MUST BE RECEIVED BY FEBRUARY 20, 2009!!!