



Sample # _____

Sunday June 14, 2015
First Presbyterian Church 4815 Franklin Road
Ice cream served at 3 PM

Contest Entry Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Office: _____ Cell: _____

Email Address: _____

How are you involved in the Crankin'? Church / Business/ Other:

(Please provide church or business name or indicate 'board member', 'Friend of Martha O'Bryan Center')

NAME OF ICE CREAM: **(Be Creative)** _____

CATEGORY: Vanilla/Vanilla Base ____ Chocolate Base ____ Fruit ____ Other ____

Purity is looking for innovative flavors with unusual ingredients, example: Chilis, flavor essences, chocolates from different regions, international trends, green tea, coffee, healthy ingredients - omega 3, pumpkin seeds, probiotics, yogurt, etc.

Ingredients (in order of use):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ **Allergen Information:** Check here if ice cream product samples may contain any of the following allergens.

Please circle all that apply: dairy (milk), eggs, peanuts, tree nuts, wheat (gluten), soy

Step-by-step directions for recipe:

(see other side)

I consent to the publishing of this recipe at the discretion of the Martha O'Bryan Center Board of Directors and staff.

(see other side)