



# RECIPE SUBMISSION FORM

## ST VINCENT'S ASSOCIATE RECIPE CONTEST

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Recipe Title: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Serving Size: \_\_\_\_\_

# of Servings: \_\_\_\_\_

Type of Dish

Ingredients:

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Directions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Cook Temp: \_\_\_\_\_

Cook Time: \_\_\_\_\_

Freezes Well: \_\_\_\_\_

Tips:

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SUBMIT

Any additional information required for recipe submission can be emailed in a separate document to [WellnessServices@stvhs.com](mailto:WellnessServices@stvhs.com)