

Deerfield Valley Health Care Volunteers
Art Of Cooking
Recipe Submission Form

Name _____

Address _____

Telephone _____ and/or email _____

(In case we have a question)

When writing your recipe, please use the following abbreviations: T for tablespoon
t for teaspoon
c for cup

Category of Recipe: _____ Appetizers _____ Entrees
_____ Beverages & Breads _____ Fresh From VT (special recipes
_____ Soups & Salads celebrating Vermont)
_____ Vegetables & _____ Desserts
_____ Accompaniments _____ Cookies & Other Treats
_____ Vegetarian Delights

Name of Recipe _____

Please tell us something of interest about this recipe, i.e. "Easy, can be made ahead", "serve with", "keep in freezer for quick snacks", "gourmet, must be prepared ahead", "excellent for after ski parties", etc.

Serves _____ or makes _____

Ingredients:

Instructions for Preparation:

Please tell us something about YOU to be included on the page with your recipe:

Please submit this form by April 1 to Deerfield Valley Health Care Volunteers
P.O. Box 275
Wilmington, VT 05363

_____ I would like to contribute \$_____ with my recipe in support of the DVHCV

_____ I would like to contribute \$_____ instead of a recipe.