

# ICE CREAM CONTEST

DES MOINES COUNTY FAIR

## REGISTRATION FORM

NAME OF CLUB \_\_\_\_\_

NAME OF ADULTS 1. \_\_\_\_\_  
(MAX. OF 2)

2. \_\_\_\_\_

NAME OF 4-H MEMBERS 1. \_\_\_\_\_  
(MINIMUM OF 3)

2. \_\_\_\_\_

3. \_\_\_\_\_

OTHER 4-H MEMBERS - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RECIPE \_\_\_\_\_

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