

ICE CREAM CONTEST
REGISTRATION FORM

DES MOINES COUNTY FAIR

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 _____

