



1st Annual
ithaca cupcake
BAKING CONTEST

Registration Form

Contestant Name or Organization: _____

If Organization, please also list contact name of one representative: _____

Email: _____

Twitter/Instagram Handle(s): _____

Phone Number: _____

ENTRY

- Attach recipe for cupcakes, printed on separate 8.5 x 11 sheet of paper. **Please** be sure to include ALL ingredients so that judges may make choices based on allergies, etc.
- DESCRIBE CUPCAKE ENTRY (flavor, appearance, etc.–and tell a story if there is one!)

By registering for the 1st annual Ithaca Cupcake Baking Contest, applicant agrees to have his/her name and images and descriptions of their cupcake entry used in public media by The Sophie Fund. If the contestant is under the age of 13, a parent or guardian must also sign consent.

Name: _____ Signature: _____

Date: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____