



**MEDICAL BENEFITS SCHEME  
HEALTHY RECIPE COMPETITION 2008  
ENTRY FORM**

**NAME:** Surname \_\_\_\_\_ First Name \_\_\_\_\_

**GENDER:**  Male  Female

**AGE GROUP:**  Adult 19 – 35  Adults 36 – 50  Adults > 51  
 Children 6 – 9  Children 10 – 15  Children 16 - 18

**MAILING ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**ARE YOU A STUDENT?**  Yes  No

**WHICH SCHOOL DO YOU ATTEND?** \_\_\_\_\_

**WHICH CATEGORY IS YOUR RECIPE TO BE PLACED?**

ADULT  CHEF  STUDENT  OTHER \_\_\_\_\_



## **MEDICAL BENEFITS SCHEME HEALTHY RECIPE COMPETITION 2008 ENTRY FORM**

**NAME OF RECIPE:** \_\_\_\_\_

**NUMBER OF SERVINGS:** \_\_\_\_\_

**PLEASE TICK THE MEAL CATEGORY FOR THIS RECIPE:**

BREAKFAST

LUNCH

DINNER

DESSERT

### **INGREDIENTS**

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