



Saturday 15th July

CAKE COMPETITION ENTRY FORM

I would like to enter the following class:

	AGE	NAME
CLASS 1	XXXX	(4)
Victoria Sponge		·
CLASS 2		
11 Years & under		
CLASS 3		
🦺 12 - 16 Years		12

I confirm that my child has permission to enter this competition

Contact Phone Number.....

Signed
Print name
Please state whether you wish to collect your entry after judging or if it can be sold - Collect/Sold (delete as appropriat
Only one entry per baker per class All tins to be labelled with your name and contact number
Completed Entry forms to be put in the box at the back of the church or email to Lucy at flowers@stmarysewell.com
by Sunday 9 th July