

Medicine Lake, MT Centennial Cookbook

Category _____

This recipe is being submitted for: _____
(Name of organization or town)

Name of Recipe: _____

Submitted by: _____ Phone No. _____

INGREDIENTS: (List **all** ingredients in their **proper** order: 1,2, etc. Divide evenly, placing half of ingredients in left column, second half in right column. **Please type or print neatly.**)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

METHOD: (Be sure to include: *Size & type of container *Time *Temperature *Yield)

COMMENTS:

If necessary, continue on back of sheet.
(Please mark the bottom of this sheet "over".)

Email to: mlake100cb@gmail.com

Mail to: Medicine Lake Centennial Cookbook
PO Box 188
Medicine Lake, MT 59247