



A Taste of the Town – April 21, 2017 The Great Canadian Maple Bake Off

Registration Form

Name: _____

Complete Mailing Address: _____

Phone #: _____ Email: _____

Maple creation/dessert description (please complete to ensure item is properly represented at auction).

Required: Maple dessert of your choice (home made)

Rules for Entry

Entries must consist of **two identical Maple desserts**(one for judging/one to be auctioned off)

Entries must be dropped off with this form Friday April 21st by 10:00 am

All Maple creations for judging must be accompanied by this registration form.

No professional entries allowed.

Signature: _____

Scan and send to Kim Berek, kim@gibsoncentre.com or fax at (705) 435-2992

Please keep a copy for your records.

63 Tupper Street West, Alliston, ON L9R 1E4 (705)435-2828

Charitable Registration Number 89847 2519 RR001

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