FAMILY FAVORITES

Recipes from HOME

Student's Name:_____

Campus Address:_____

Home Town/State/Country:_____

Parent Home Phone Number_____

Address_____

City_____ State_____ Zip_____

Country_____

Is your student currently enrolled on a meal plan? Yes ☐ No ☐

Recipe Name:	Servings:	Cooking Time:	Temperature:

INGREDIENTS	AMOUNT	PROCEDURE

SPECIAL INSTRUCTIONS

Thank you for sharing your student's favorite recipe.