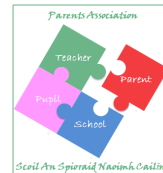




SSNC Cookbook 2021



Student Name: _____

Class: _____

Recipe Title:

Short Intro to Recipe: (why did you choose it? Is it a family favourite?)

Ingredients: (Don't forget to include measurements!)

Recipe Instructions: (Don't forget to include cooking times and temperatures!)

Please select the category this recipe fits into (tick one):

<input type="checkbox"/> Breakfast/Brunch	<input type="checkbox"/> School Lunches	<input type="checkbox"/> Sweet Treats & Cakes	<input type="checkbox"/> Breads
<input type="checkbox"/> School Recipes	<input type="checkbox"/> Memories of Home	<input type="checkbox"/> Vegan Friendly	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Smoothies	<input type="checkbox"/> Salads	<input type="checkbox"/> Mid Week Meals	

Email address: _____