

**OLD TRAIL SCHOOL COOKBOOK  
RECIPE SUBMISSION FORM**

**Submitted by:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

**Contributor Information: (Please check one of the following)**

Family                      Name \_\_\_\_\_

OTS Children: Name(s) and year(s) of graduation (i.e. Susie '02)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alumni                      Name \_\_\_\_\_ Class of \_\_\_\_\_

Faculty/Staff

Friend

**Category: (Please check one of the following)**

- |   |  |
|---|--|
| <input type="checkbox"/> Appetizer      | <input type="checkbox"/> Brunch Item       |
| <input type="checkbox"/> Beverage       | <input type="checkbox"/> Casseroles        |
| <input type="checkbox"/> Soup           | <input type="checkbox"/> Main Dishes       |
| <input type="checkbox"/> Salad          | <input type="checkbox"/> Cookies & Candies |
| <input type="checkbox"/> Breads & Rolls | <input type="checkbox"/> Desserts          |
| <input type="checkbox"/> Vegetables     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Side Dishes    |  |

