



901 Montgomery Street, Decorah, IA 52101 www.winmedical.org

SIMPLY STARTERS HORS D'OEUVRES CONTEST

RULES

- Contestants must register on the fairgrounds on Tuesday, July 9, 2019 between 11:00 and 11:30 am.
- Judging starts at 11:30 am.
- NO ENTRY FEE. Limit of two (2) entries per person in appropriate age category:
 Age 11 and under Age 12 and older
- Must be COMPLETELY HOMEMADE
- CHILLED HORS D'OEUVRES ONLY
- RECIPE MUST BE INCLUDED with each entry, including name, address, and phone number. Recipe becomes property of WMC Nutrition Services, but at your request, will not be released to anyone.
- Winning hors d'oeuvres become property of WMC.
- Open to anyone. YOU DO NOT need to be a Winneshiek County resident.
- By registering for the competition, all competitors give their permission to the organizers and to the organizers' designees that the competitors may be photographed, videotaped, and tape recorded and further that the organizers and their designees may use the photographs and video or audio recordings of the competitor for any purpose including commercial purposes. Any competitor who does not agree to this provision must notify the organizers in writing before the start of the competition.

PRIZE

- \$50 Grand Prize, \$25 Second Place Prize in each category

NOTE

- The organizers reserve the right to modify these rules at any time. Any rule modifications will be announced publicly before the competition begins.
- Judges selection is FINAL.

Hors D'oeuvres Judging Criteria

- Fresh fruit or vegetable is the showcased ingredient 1-5 points Use of any fresh fruits and/or vegetables encouraged
- Presentation 1-5 points Entry is visually pleasing with creative/attractive presentation
- Flavor 1-5 points Delicious taste with unique ingredient pairings

Fill out the form below and bring it to the competition on July 9, 2019. Forms will also be available the day of the event.

Name: _____

Street Address, State, Zip: _____

Phone Number: _____ Email: _____

Name of Hors D'oeuvre (if known)
(Entry 1) _____

(Entry 2) _____

I hereby give my consent to have my photograph or other images made of myself or a family member and/or consent to interviews with a member of the news media or a representative of Winneshiek Medical Center. I understand and agree that these images may be used in the news media or by Winneshiek Medical Center for promotional purposes including, but not limited to: brochures, print advertising, newsletters and web site applications. I consent to participate in post-event publicity.

Entrant Signature

Date