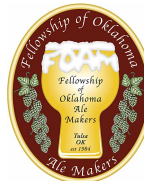




AHA/BJCP Sanctioned Competition Program ENTRY/RECIPE FORM



Brewer(s) Information.....

Name(s) _____ Street Address _____

City _____ State _____ Zip _____

Phone (h) (____) _____ Phone (w) (____) _____ Email Address _____

Club Name (if appropriate) _____

Entry Information.....

Name of Brew _____ Category (No.) _____ Subcategory (A-F) _____

Category/Subcategory (print full names) _____

For Mead and Cider

Still Dry

Petillant Semi-Sweet

Sparkling Sweet

For Mead

Hydromel (light mead)

Standard Mead

Sack (strong mead)

Special Ingredients/Classic Style

(required for categories 6D, 16E, 17F, 20, 21, 22B, 22C, 23, 25C, 26A, 26C, 27E, 28B-D)



BOTTLE ID FORM . . .

Name _____

Street Address _____

City _____

State _____ Zip _____

Phone Number _____

Email Address _____

Name of Beer _____

Category Entered _____

Subcategory Entered _____

Homebrew Club _____

ATTACH ONE FORM TO EACH BOTTLE

BOTTLE ID FORM . . .

Name _____

Street Address _____

City _____

State _____ Zip _____

Phone Number _____

Email Address _____

Name of Beer _____

Category Entered _____

Subcategory Entered _____

Homebrew Club _____

ATTACH ONE FORM TO EACH BOTTLE