



HS CUPCAKE BATTLE

STUDENT COMPETITOR FORM

CONTACT INFORMATION:

STUDENT Name: _____

Mailing Address: _____

Email Address: _____

Phone Number _____

HIGH SCHOOL: _____

School District: _____

Teacher Name _____

Is your teacher a HEAT member? _____

Competitor Fee **\$5 or \$10**

Fee is based on teachers HEAT member status.

CUPCAKE INFORMATION:

Recipe Name:

Recipe Source (if applicable) :

Frosting Description:

Cake Description:

Other Cupcake Elements: