# Entry Form
# Queenie Recipe Competition

| | |
|---|---|
| **Name** | |
| **Address** | |
| **Contact Telephone Number** | |
| **Contact Email Address** | |

Please remember to include a photograph of the finished dish!

| **Dish Title** |
|---|
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| **Ingredients** | **Quantity** |
|---|---|
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Once completed, please return to:

Alastair Hamilton
Isle of Man Queenie Festival
The Quay
Port St Mary
Isle of Man
IM9 5EA

Entries to be received no later than 20th June 2011.

| **Method** |
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