



# Shortbread Contest Entry Form

(Please print clearly. Print a copy for each entry to bring with you on Festival day, and save a copy for your records.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Shortbread Category for this entry:  
Traditional  Flavored

*Entrants may submit as many entries as desired, using a separate form for each entry.*



www.ormondbeachcelticfestival.com  
**Ormond Beach MainStreet**  
PO Box 2917, Ormond Beach, FL 32175  
386-492-2938