

Edible Book Festival

Name: _____

Title of Entry: _____

Title of Original Book: _____

Ingredients:

Name: _____

Email: _____

Phone: _____

Hometown: _____

Are you? (Circle one):

SIU Student

Faculty

Staff

Community Member

Future Saluki (under18)

Will you or someone else pick up your entry or would you like it to be discarded? (Check one)

_____ Pick up

_____ Discard

Please leave your entry form next to your submission. To keep your contact information private, cut off the bottom half and give it to an Edible Book Festival organizer.