

Cupcake Challenge

and CUPCAKE TASTING



4th Annual SMH Cupcake Challenge

Bake your best & put it to the test!

**All funds raised benefit the SMH Volunteer Scholarship Fund*

Monday, April 24, 2017

Entry Form

Name: _____

Department: _____

Email address: _____

Cupcakes will be judged on taste, presentation (including display) and creativity (including display) based on how well you have executed your selected theme.

Cupcake Theme/Title: _____

Tell us about your cupcake: _____

Pre-register your cupcake by Thursday, April 20th

Please forward this completed entry form to Volunteer Services by end of day on Thursday, April 20th. Two dozen cupcakes for each entry must be delivered to the Cafeteria Annex between 7 and 9 a.m. on Monday, April 24th.

Questions: call Chris Fenn at ext. 460 or e-mail cfenn@spearehospital.com