



ENTRY/RECIPE FORM

Brewer(s) Information.....

Name(s) _____ Street Address _____
 City _____ State _____ Zip _____
 Phone (h) (____) _____ Phone (w) (____) _____ Email Address _____
 Club Name (if appropriate) _____

Entry Information.....

Name of Brew _____ Category (No.) _____ Subcategory (A-F) _____
 Category/Subcategory (print full names) _____

Special Ingredients/Classic Style

(required for categories 6D, 16E, 17F, 20, 21, 22B, 22C, 23, 25C, 26A, 26C, 27E, 28B-D)

Ingredients and Procedures.....

Number of U.S. gallons brewed for this recipe _____

WATER TREATMENT Type/Amount _____

YEAST CULTURE Liquid Dried

Did you use a starter? Yes No

Type _____

Brand _____

Amount _____

YEAST NUTRIENTS Type/Amount _____

CARBONATION forced CO₂ Bottle Conditioned

Volumes of CO₂ _____

Type/Amount of Priming Sugar _____

BOILING TIME _____ Hrs. _____ Min.

SPECIFIC GRAVITIES Original _____

Terminal _____

FERMENTATION Duration (days) Temperature (°F)

Primary _____ _____

Secondary _____ _____

Other _____ _____

BREWING DATE _____

BOTTLING DATE _____

FERMENTABLES (MALT, MALT EXTRACT, ADJUNCTS, HONEY OR OTHER SUGARS)

AMOUNT (LB.)	TYPE/BRAND	USE (MASH/STEEP)

HOPS

AMOUNT (OZ.)	PELLETS OR WHOLE?	TYPE	%A ACID	USE (BOIL STEEP, DRY, ETC.)	MIN. FROM END OF BOIL

MASH SCHEDULE

STEP	TEMPERATURE	TIME

Finings

Type _____

Amount _____

Please use the back of this form for brewer's specifics.