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| **Submission Form** | |
| First and Last Name |  |
| Associate ID Number |  |
| Department |  |
| Title |  |
| Location  *(city, state, retail store # - if applicable)* |  |
| Recipe name |  |
| Inspiration for recipe  (50 words or less) |  |
| Description  (50 words or less) |  |
| Ingredients and serving size |  |
| Instructions |  |
| Please check what you have submitted | Photo  Video |

Submit your recipe to [recipes@spartannash.com](mailto:recipes@spartannash.com) no later by Friday, September 30, 2016 to be eligible for the prize raffle and recipe voting held in October.