Northern Territory Baking Competition 2015

Please lodge your entry forms early to: BAA NSW P O Box 574 Gosford NSW 2250
Email: Tony.smith@baa.asn.au **Tel:** (0410 511 414 **Fax:** (02) 4340 4288
Entries can be delivered on **Thursday 1st October 2015** between **8am and 10am**
Deliver entries to: Charles Darwin University
Please place a tick beside the classes you would like to enter. $5 per class per entry.

Entry	Class	Trade Exhibitor Section – Open to Bakery Exhibitors
	001	680g White Sandwich Loaf (4 piece)
	002	Crusty French Stick (Max 400gm)
	003	90gm White Lunch Roll (6 pieces any style)
	004	680g Wholemeal Loaf Hi Top, (1 piece)
	005	Max 680g Sourdough (Any Variety)
	006	450gms Freestyle Loaf (bush tucker, grain, fruited) Descriptions Required
	007	450gm Fruit Loaf Hi Top (1piece) Description Required
	008	2 Plain Lunch Meat Pies Max Weight 325gm (2 pies must be submitted)
	009	2 Gourmet Lunch Pies Max Weight 325gm (2 pies must be submitted) Description Required
	010	2 Pasties (2 must be submitted)
	011	2 Lunch Size Sausage Rolls (Any flavour 2 sausage rolls must be submitted) Description Required
	012	2 Individual Slices (Any flavour or pastry) Description Required
	013	Decorated Sponge Cake any type and any decorating medium
	014	3 Café Style Muffins (Any Flavour) Description required
		Champion Trade Exhibitor
	Class	**Open Exhibitor Section – Open to public & individuals working in food industry (only 1 entry per category per bakery)**
	015	450g White Crusty Bread (Any variety)
	016	Decorated Sponge any type No larger than 203mm
	017	6 Decorated Cup Cakes (Any flavour) Description Required
	018	2 Portions Baked Dessert (Competitors Choice) Description Required
	019	254mm (max) Special Occasion Cake any decorating medium
		Champion Open Exhibitor
	Total Entries	

PAYMENT DETAILS:	**EXHIBITOR DETAILS: (one exhibitor per entry form)**
Cheque for $…… (to be made payable to Baking Associations Australia)	Exhibitor Name: (If you are a Bakery or Cookery Student, Name & Year)
Visa MasterCard For the amount $……...	Business Address:
Card No.: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	
Cardholder Name:	Contact Phone Number:
Card expiry date:	Email Address:
Are you a member of the Baking Associations of Australia Yes No	