

**Directions:** Youth members fill out the following information and bring with you to your scheduled PINY Demonstration time.

Name:	
Age (as of Jan 1'):	Years in PINY:
Recipe Title:	

What ingredient or ingredients are grown in New York State?		
Where did you get your recipe?	Why did you choose this recipe?	
What makes this recipe healthy for you? What food groups are in your recipe?	Is there anything you might have changed in the recipe?	
Name a new skill that you learned while practicing this recipe OR name something you tried to improve.	What did you like best about the recipe or ingredient?	





