

**Microwave Snack Mix**  
Score Sheet

Name – Entry No. \_\_\_\_\_ Placing \_\_\_\_\_

All questions completed	Some questions completed	Did not complete
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**Project Manual Activities**

*(Must complete a minimum of three (3) activities, each from a different "bite" category.)*

- 1. Tricks of the trade
  - 2. Once you swallow
  - 3. Kitchen magic
  - 4. Magnificent meals
- Record Sheet Year A-1


Excellent	Good	Needs to Improve
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**Snack Product**

- Appropriate display
- Appearance-eye appeal
- Well-blended flavors
- Easy to serve/eat
- Creative recipe
- Nutritional value


**Recipe Card**

Clear, legible, and complete

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**COMMENTS:**

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