

Ultimate

MONIN CUP

2 0 1 1

REGISTRATION FORM

Candidate (Mr/Miss/Mrs) :

Place of employment :

City :

Country:

Phone :

Email:

MONIN Product(s) chosen :

Please explain in a few words why have you used these particular flavours:

.....
.....
.....

Oświadczenie:

Ceduję prawa autorskie do każdego wykreowanego przeze mnie napoju mieszanego na rzecz MONIN/Centrum Wina Dystrybucja Sp. z o.o. oraz wyrażam zgodę na fotografowanie i publikowanie w celach prasowych i PR.

Signature:

Ps. Formularz należy wypełnić DRUKOWANYMI LITERAMI

ALCOHOLIC DRINK

NAME OF THE COCKTAIL :

No	ML	RECIPE	BRAND NAME
1			
2			
3			
4			
5			
6			
7			

Please write legibly in block letters. Maximum 7 ingredients and not more than 7cl of alcohol base.

Please use at least 10 ml of MONIN product(s) for a short drink and 30 ml for a long drink.

Garnish:

Shake/ Stir/ Blend/ Build (*circle applicable method*)

Glass :

Deadline :

Checked by :

Signature:

NON ALCOHOLIC DRINK

NAME OF THE COCKTAIL :

No	ML	RECIPE	BRAND NAME
1			
2			
3			
4			
5			
6			
7			

Please write legibly in block letters. Maximum 7 ingredients

Garnish:

Shake/ Stir/ Blend/ Build (*circle applicable method*)

Glass :

Deadline :

Checked by :

Signature:

