



ENTRY/RECIPE FORM

BREWER(S) INFORMATION

Name(s) _____ Street Address _____
 City _____ State _____ Zip _____
 Phone (h) (_____) _____ Phone (w) (_____) _____ Are you a member of an AHA Registered Homebrew Club? Yes No
 If so, what is its name? _____ (Please spell out the full club name. Do not abbreviate.)
 If not, are you interested in receiving information on the AHA and registered homebrew clubs? Yes No

ENTRY INFORMATION

Name of Brew _____ Category (No.) _____ Subcategory (a-g) _____
 Category/Subcategory (print full names) _____
 Recipe is: Malt Extract Only All-Grain For Mead and Cider Dry Special Ingredients/Classic Style: _____
 Malt Extract and Grain Mead Medium _____
 Cider Sweet _____

INGREDIENTS AND PROCEDURES

Number of U.S. gallons brewed for this recipe _____

WATER TREATMENT Type(s) _____

Amount(s) _____

YEAST CULTURE Liquid Dried

Did you use a starter? Yes No

Type _____

Brand _____

Amount _____

YEAST NUTRIENTS Type _____

Brand _____

Amount _____

CARBONATION forced CO₂ Bottle Conditioned

Volumes of CO₂ _____

Type of Priming Sugar _____

Amount of Priming Sugar _____

BOILING TIME _____ Hrs. _____ Min.

SPECIFIC GRAVITIES Original _____

Terminal _____

FERMENTATION Duration (days) _____ Temperature(F°) _____

Primary _____

Secondary _____

Other _____

FERMENTABLES (MALT, ADJUNCTS, HONEY OR OTHER SUGARS)

AMOUNT (LB.)	TYPE/BRAND	USE (MASH/STEEP)	TIME	TEMP. (F°)

HOPS

AMOUNT (OZ.)	PELLETS OR WHOLE?	TYPE	% A ACID	USE (BOIL, STEEP, DRY, ETC.)	MIN. FROM END OF BOIL

Type of Fermenter _____ Finings _____
 Glass Plastic Steel Type _____
 Glass Plastic Steel Amount _____
 Glass Plastic Steel Please use the back of this form for brewer's specifics.

BREWING DATE _____ **BOTTLING DATE** _____