

Dear Beth David Family and Friends,

We have some exciting news! As part of Beth David's year of "Building Community Around the Beth David Table," we are creating a cookbook entitled "*B'Tayavon!*" *B'Tayavon!* will showcase our best recipes and tell a story about our vibrant and welcoming synagogue. Each of you is a part of this story, and your participation will ensure its success.



We invite you to submit up to **five** of your favorite recipes. The goal is to include as many recipes as possible while offering a variety across food categories. Please read the instructions below and complete the attached recipe submission form. **We may need to change wording and format for consistency purposes.**

Our Recipe for a Great Cookbook Submission

- **The recipe must be kosher.**
- **Write directions in paragraph form. Do not submit recipes in steps or charts.**
- Submit just one recipe per form.
- Recipes will be accepted from Beth David members, employees, friends of the synagogue, and invited guest chefs.
- In 1-2 sentences, you may share something interesting about this recipe, such as its history or origin, a story or a memory.
- Ingredients should be listed in the order used.
- Check that all ingredients are included in the directions.
- Include all amounts and container sizes e.g. 2 (8-ounce) cans. Use parentheses to separate amounts.
- Do not use abbreviations; spell out measurements and guidelines.
- Use ingredient names in the directions e.g. "Combine flour and sugar" rather than statements such as "Combine the first two ingredients."
- Include temperatures and all cooking, chilling, baking or freezing times.
- Trademark names can be used in the recipe but not in the recipe title.

How to Submit Your Recipes

There are several ways to submit a recipe. Please choose the one which best suits you.

- An electronic version of the recipe form is available at beth-david.org/bd-cookbook. You can complete the form on your computer and then email it to cookbook@beth-david.org.
 - **Be sure to save the form on your computer both before filling it out and after filling it out but before emailing it to us. Otherwise, you risk losing your work.**
- The form can be completed by hand. Simply print out the form or use the attached form and complete. Handwritten forms can be submitted to the office or scanned and emailed to us.
- Assistance is available if you need help completing the form. Please contact us, and one of our volunteers will be in touch.

Thank you so much for your recipes. Please let us know if you have any questions. You can email us at cookbook@beth-david.org or leave a message for us with the Beth David office. In the meantime, enjoy your meal – *B'Tayavon!*

Cathy Beyda and Rhoda Bress
Co-chairs Cookbook Committee

B'TAYAVON! – THE BETH DAVID COOKBOOK
Recipe Submission Form

For Office Use Only –
Recipe Number

One Recipe Per Page

Submitter's Name (as it is to appear in the cookbook): _____

Preferred Phone Number: _____ **E-mail Address:** _____

Recipe Title: _____

Recipe Category (Please indicate one category in which you would like your recipe to appear)

- | | | | |
|---|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Appetizers | <input type="checkbox"/> Main Dishes | <input type="checkbox"/> Desserts | <input type="checkbox"/> Passover |
| <input type="checkbox"/> Breakfast & Brunch | <input type="radio"/> Poultry | <input type="radio"/> Cookies | <input type="checkbox"/> Other Jewish Holidays |
| <input type="checkbox"/> Breads & Rolls | <input type="radio"/> Meat | <input type="radio"/> Cakes | <input type="checkbox"/> Everything Else |
| <input type="checkbox"/> Soups & Salads | <input type="radio"/> Fish | <input type="radio"/> Pies | |
| <input type="checkbox"/> Side Dishes | <input type="radio"/> Vegetarian | <input type="radio"/> Other | |

Recipe Type: ___Meat ___Dairy ___Pareve **Number of Servings** _____

Ingredients with measurements (Please list in order used in the recipe)

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

Directions:

Optional Recipe Note (e.g., history/origin of recipe, funny story or memory related to recipe, etc. – Limit to 1-2 sentences)

If you need more room, check this box and continue on back