



February 12, 2020

Hello!

My name is Marcia Richards and I'm a Registered Dietitian at Beth Israel Deaconess Hospital- Plymouth. I am in the process of creating a cookbook comprised of healthy recipes from the community.

BID Plymouth's mission is to promote health and wellness in the communities we serve. We are looking for healthy recipe submissions from you for our cookbook. Recipes should be based on fruits, vegetables, whole grains, and/or lean proteins.

This cookbook will be distributed for free during recipe demonstrations and tasting events held throughout the community.

Please consider recipes that are also affordable and easy to prepare. Please note -we may not be able to use your recipe, but if it is selected your name will be attributed to your recipe! If your recipe is selected, you will receive a copy of the cookbook.

Please submit your recipe **by March 31, 2020** using the attached Recipe Submission Form. **Be sure to sign it!** The completed form can be emailed to me at mrichards@bidplymouth.org or mailed to me at 110 Long Pond Rd. Suite 104 Plymouth MA 02360. Please indicate that you are a "Pinehills Market Customer", so that I know where you acquired information about these submissions. If you have any questions, don't hesitate to call me at 508-732-8983.

Thank you in advance for your recipe!

Marcia Richards

Marcia Richards MEd RD MCHES

Beth Israel Lahey Health 
Beth Israel Deaconess Plymouth

Recipe Submission Form for BID-Plymouth Cookbook

Please email or mail your recipe to Marcia Richards **by March 31, 2020.**

Email: mrichards@bidplymouth.org OR Mail: 100 Long Pond Rd. Suite 104, Plymouth MA 02360

Any questions – don't hesitate to call me at 508-732-8983

Please complete the following:

Print Name of person submitting recipe: _____

Agency/business where you learned about recipe submission: _____

Best way to reach you: _____

Address to send your cookbook to: _____

How would you categorize this recipe: Appetizer Salad or Soup Entrée Side Dessert Snack

If available: please include a picture of the prepared recipe

Name of Recipe: _____

Number of Servings: _____

Reference if you did not create this recipe yourself: _____

I understand that my recipe may not be used. I agree to have my name included with this recipe and to any modifications required to make it a healthier option.

Applicant Signature: _____ **Date:** _____

Please provide your recipe below or attach a copy of it to this form:

Ingredients & Measurements:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directions:

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____