

Volunteer Baker Registration Form

Name: Title: _____ First: _____ Last: _____

Primary Email Address: _____

Phone Number: _____ (Work / Home / Cell) *Circle One*

Mailing Address: (Street, City, County, State, Zip Code):

_____

_____

Type/Name of dessert/cookie	Allergen Information (peanuts, tree nuts, egg, soy, dairy, etc.)	Quantity of Each *Min. of 1 dozen per cookie type*

All baked goods should be accompanied by this registration form.
Please do not price any items, as our staff will do this.
We will apply labels and allergen stickers to all applicable desserts.
All baked goods should be packaged for display. Clear containers or plastic wrap work best! Please, no aluminum foil.

RSVP by October 30, 2026 to:

Jill at jphillips@youngstowndiocese.org