



Young Butcher Innovation Competition –

Entry Form

Full Name:

Date of Birth: _____ Age: _____

Employer/Training Provider:

Job Title/Role:

Contact Number: _____

Email: _____

Product Name:

Brief Description of Product:

Checklist – Have you included:

☐ Product Specification Sheet

☐ Product Costing Sheet

☐ Marketing Material

☐ Presentation Plan

Signature: _____

Date: _____