

JUNIOR

MONIN CUP



REGISTRATION FORM

Name, Surname:

Age:

School:

E-mail address:

Phone nr.:

City:

NAME OF THE COCKTAIL:

Nr.	Cocktail ingredients (the number of ingredients is not limited)	ml
1		
2		
3		
4		
5		
6		
7		

Please use at least 20 ml of MONIN product(s)

Decoration:

Preparation method:

Glass:

MONIN[®]