



BREWERS'S CUP HOME BREW FEST ENTRY FORM

BREWER'S NAME: _____ ARE YOU WITH A CLUB? _____

PHONE #: _____ E-MAIL: _____

BEER'S NAME: _____ STYLE OF BEER: _____

ORIGINAL GRAVITY: _____ FINAL GRAVITY: _____ ABV %: _____ IBU: _____ SRM: _____

DATE BREWED: _____ DATE BOTTLED/KEGGED: _____

EXTRACT _____ PARTIAL GRAIN _____ ALL GRAIN _____

GRAIN BILL

BASE GRAIN / MALT: _____ WEIGHT: _____

SPECIALTY GRAIN / MALT: _____ WEIGHT: _____

SPECIALTY GRAIN / MALT: _____ WEIGHT: _____

SPECIALTY GRAIN / MALT: _____ WEIGHT: _____

SPECIALTY GRAIN / MALT: _____ WEIGHT: _____

SYRUP OR OTHER ADJUNCT: _____ WEIGHT: _____

SYRUP OR OTHER ADJUNCT: _____ WEIGHT: _____

HOP BILL

BITTERING HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

BITTERING HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

FLAVOR HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

FLAVOR HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

AROMA HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

AROMA HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

DRY HOP: _____ ALPHA ACID %: _____ TIME OF BOIL: _____

YEAST

STYLE: _____ DRY OR LIQUID? _____

FERMENTATION

TIME & TEMP OF PRIMARY FERMENTATION: _____

TIME & TEMP OF SECONDARY FERMENTATION: _____

CONDITIONING

TIME & TEMP: _____

CARBONATION: _____

OTHER NOTES: