

Exhibitor's Number _____ Date Dried _____

Name of Product _____ Drying Time _____

Drying Method (check one)

_____ Food Dehydrator [Temperature: _____]

_____ Oven _____ Sun _____ Microwave

Pre-treatment of Product (check all that apply)

_____ Antioxidant (Vitamin C: tablets, fruit juice, or Fruit Fresh)

_____ Sweetened

_____ Blanched

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