



BREWERS'S CUP HOME BREW FEST ENTRY FORM

BREWER'S NAME: _____

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: