



AHA/BJCP Sanctioned Competition Program ENTRY/RECIPE FORM



Brewer(s) Information

Name(s) Steve Killen Clinton Ebadi Street Address 1021b Hunting Ridge Rd.
 City Raleigh State/Zip NC 27615
 Phone (h) 919.942.2418 Phone (w) 919.949.6966 Email Address elvestinkle@gmail.com
 Club Name Demoncat Brewing

Entry Information

Entry # 108
 Name of Brew Luna Moth Category (No.) 16 Subcategory (A-F) C
 Category/Subcategory (print full names) Saison

For Mead and Cider

For Mead

Special Ingredients/Classic Style

- ☐ Still ☐ Dry ☐ Hydromel (light mead)
☐ Petillant ☐ Semi-Sweet ☐ Standard Mead
☐ Sparkling ☐ Sweet ☐ Sack (strong mead)

(required for categories 6D, 16E, 17F, 20, 21, 22B, 22C, 23, 25C, 26A, 26C, 27E, 28B-D)

Ingredients and Procedures

Number of U.S. gallons brewed for this recipe 5
 WATER TREATMENT Type/Amount _____

FERMENTABLES (MALT, MALT EXTRACT, ADJUNCTS, HONEY OR OTHER SUGARS)

AMOUNT (LB.)	TYPE/BRAND	USE (MASH/STEEP)
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YEAST CULTURE ☐ Liquid ☐ Dried

Did you use a starter? ☐ Yes ☒ No

Type _____

Brand _____

Amount _____

HOPS

AMOUNT (OZ.)	PELLETS OR WHOLE?	TYPE	%A ACID	USE (BOIL, STEEP, DRY, ETC.)	MIN. FROM END OF BOIL
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YEAST NUTRIENTS

Type/Amount _____

CARBONATION

- ☐ forced CO₂ ☒ Bottle Conditioned

Volumes of CO₂ _____

Type/Amount of _____

Priming Sugar _____

MASH SCHEDULE

STEP	TEMPERATURE	TIME
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SPECIFIC GRAVITIES

Original _____

Terminal _____

FERMENTATION

Duration (days) _____

Temperature (°F) _____

Finings

Type/Amount _____

Primary _____

Secondary _____

BREWING DATE 08/13/2011

BOTTLING DATE 09/19/2011

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BOTTLE ID FORM . . .	
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City	Raleigh
State	NC Zip 27615
Phone Number	919.942.2418
Email Address	elvestinkle@gmail.com
Name of Beer	Luna Moth
Category Entered	16
Subcategory Entered	C
Homebrew Club	Demoncat Brewing
ATTACH ONE FORM TO EACH BOTTLE	

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