



Apple Pie Baking Contest Friday, October 16, 2026

The Mountain State Apple Harvest Festival's Annual Apple Pie Baking Contest Friday, October 16, 2026

Apple Pie Contest Divisions

- Sprouts:** Ages 5-13 years
- Buds:** Ages 14-18 years (*19 years if still in high school*)
- Blossoms:** Ages 19 years and older
- Commercial Division:** A business or organization that sells fresh apple pies to the public.

Pie Criteria (ALL divisions): Pies must be a two crust pie made from scratch. Pies need to be made in a 9 inch aluminum pie pan. Pies baked in any other container or other size will be disqualified.

Check-in: All pies need to be delivered to the Berkeley County Youth Fairgrounds Exhibit Hall on Friday, October 16 between noon - 1:00 p.m. Plastic pie containers will be provided at check-in.

Judging will take place at 1:00 p.m. on Friday with an informal announcement of winners around 5 p.m.

A grand prize winner will be chosen from all non-commercial divisions. First, second and third place winners will also be selected for each non-commercial division. Commercial pie entries will be judged separately and the business or organization with the best pie will be awarded a banner to display at their establishment.

Winning bakers are encouraged to attend the auction on Sunday, October 18 at the fairgrounds main arena to receive their awards and help auction off their pie. The auction begins at 11:45 a.m. and winners are asked to be there by 11:30 a.m. to line-up.

TO ENTER, please send registration and entry fee to:

MSAHF

Attn: Apple Pie Baking Contest

PO Box 1362, Martinsburg, 25402

Please make checks payable to Mountain State Apple Harvest Festival.

Entry fees: (*Registrations must be postmarked by Friday, October 2, 2026*)

Students up to 12th grade \$2 each; All other entries \$10 each.

***For more information, please TEXT 304-671-9709**



Apple Pie Baking Contest Registration Form 2026

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____

Sprouts Division

Buds Division

Blossoms Division

Commercial Division *(include business name below)*

(Business Name)

TOTAL AMOUNT ENCLOSED: _____

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