

# WeCareArts

## We Care About Cookies CONTEST

Love to bake and pride yourself on your holiday cookies? Then this is the contest for you! We Care Arts, as part of its Cookie Walk, is sponsoring a "We Care About Cookies Contest." Celebrity judges will award points based on taste, artistic presentation and originality. Care about Cookies? Go ahead and enter!

**The contest is limited to the first 25 entries,**  
so the sooner we receive your entry, the better your chances of being in the contest.  
Only one cookie entry per person. Cookies may be of any size and type.

**Deadline for entries is NOVEMBER 15, 2007.**

You will be notified by November 22, 2007 if your entry has qualified.

PLEASE Return the form below form to Cathy Helmers, 910 Chelsea Avenue 45420.  
For more info, call Cathy at 256-1179.

**If your entry qualifies, the following rules apply:**

- You will be asked to submit one dozen cookies for judging.
- Cookies must be in a container that protects the cookies in transit. We Care Arts is not responsible for broken or smashed cookies. Entries must be delivered to: We Care Arts, 3035 Wilmington Pike between 10 AM and 3 PM on Friday, November 30, 2007.
- Our panel of Celebrity Judges will award points based on taste, artistic presentation and originality. A prize will be awarded to the top cookie in each category. A grand prize will be given for one cookie with the most combined points. Prizes will be awarded on Saturday, December 1, 2007 and winners will be notified no later than Monday, December 3.

**The "We Care About Cookies Contest" is part of the festivities surrounding the We Care Arts Cookie Walk on Saturday, December 1, 2007 from 10 AM to 2 PM. Taking place at the We Care Arts facility at 3035 Wilmington Pike, the public will be invited to stock up on their holiday cookies and candy for just \$5 per pound. Come and bring your friends!**

**We Care Arts Cookie Walk**

Saturday, December 1, 2007 10 AM – 2 PM  
3035 Wilmington Pike 252-3937

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## We Care About Cookies CONTEST

### OFFICIAL ENTRY FORM

*This entry form may be copied for distribution within your organization.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cookie Name: \_\_\_\_\_

Cookie History (optional): \_\_\_\_\_

\_\_\_\_\_

*Office Use*

Date Received \_\_\_\_\_

Entry Number \_\_\_\_\_

Date Notified \_\_\_\_\_

by: \_\_email \_\_phone