

Name: _____

Age: _____ School year: _____

Parent/guardian: _____

Classroom: _____

Contact number: _____

School: _____



Draw your ice cream...

Flavour name

Ingredients What key ingredients feature in your flavour?

What does it taste like? Describe in as much detail as you can what it tastes like. Close your eyes and imagine it.

Flavour inspiration Tell us the story behind your flavour creation.

