

CELEBRATING 100 YEARS

1919 – 2019

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‘WHAT’S YOUR FLAVOUR’ ICE CREAM COMPETITION

Have you ever wished you could invent a new flavour of ice cream or even mixed your favourite flavours together? Well now's your chance. We're always looking for new flavours here at Brattesanis' and would love you to share your dream ice cream flavour with us in this exciting 100th Birthday competition.

All you have to do is give your new flavour a name (be as inventive as possible); tell us the flavour(s) (the more creative, the better. If it's edible, we can turn it into ice cream!); describe any toppings or inclusions (nuts, sweets, crunchy bits, syrup you can go crazy here!) and finally, please complete your contact details so we can get in touch if you're one of our finalists. Feeling arty? Why not colour in the cone to show us how it should look!

On Monday 16th September the entries will be narrowed down to the 3 best flavours, as chosen by Brattesanis' ice cream experts. These will then go on a Facebook poll so that the public can help us vote for the winner. The lucky winner will be contacted on Monday 23rd September. They will get their dream ice cream made especially for them and be invited to Brattesanis', with up to 10 friends, for a VIP ice cream sampling visit. They will also get a 5 litre tub of their own unique flavour to take home with them.

Good luck!

Competition Terms & Conditions

Closing date for entries 15th September 2019. Winner will be contacted on 23rd September and announced on our social media. Winner gets their ice cream creation made and will be invited to visit with up to 10 friends for a VIP ice cream sampling. Winner will receive a 5 litre tub of their own unique flavour to take home. The prize cannot be exchanged for any monetary or cash equivalent. Prize winner's photo for social media/press use. Prize must be redeemed within 30 days of the announcement.

BRATTESANI'S ~ 100 YEARS 'WHAT'S YOUR FLAVOUR' ICE CREAM COMPETITION



Colour your creation!

ICE CREAM NAME:

ICE CREAM FLAVOUR(S):

TOPPINGS / INCLUSIONS:

SUBMITTED BY (name/contact info):

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