2025 Sweet Owen Chocolate Challenge

Chocolate Treats Contest Entry Form (attach one form for each entry)

YOUR NAME: IF under 18: Age Parent:		
Entry #	My Chocolate Treat is called:	
The Category is:	:	
12 Cookies (a	and bars)	
Cooking by K	Cids — Anything Else	
*My treat contains	(check all the apply) nuts milk eggs soy	
Please attach a typ	ped or clearly hand printed/written copy of your recipe.*	
*By entering, I agree	e that the list of ingredients and potential allergens is complete and accurate.	
Your chocolate trea	at will be judged on TASTE, PRESENTATION and CREATIVITY.	
-	ccept any entries that require refrigeration. Plates, containers or other accessories must be ant name and MUST be claimed at the tasting event. Disposable containers are acceptable.	
I accept contest ter	rms and allow photo/recipes of my treats to be used in future promotions.	
Signature		
	JIREMENTS: Each registration requires TWO (2) whole products. Product will be judged, then be offered at the public tasting.	
treats must be cove Spencer, IN, on Sat	for each entry – limit one entry per category – that must be paid when the treat is delivered. A ered with plastic wrap or other suitable protection and brought to the IGA Building, 60 S Main turday, October 18, 2025, between 9:00 AM and 11:00 AM. All entrants will be given one free he tasting later in the afternoon.	
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The following prizes will be awarded at 2:30 PM, prior to the afternoon matinee at the IGA Building: 1st place in each treat category and a Best in Show.

Come one and all to enjoy a tasting of every entry and congratulate the winners. Tickets to the tasting are available for presale at the Tivoli Theatre and Hammond's Florist. Ticket includes treat box to fill with challenge entries — plus 5 voting tickets to choose your favorite Sweet Owen non-profit special guest chocolate dish. Tickets will also be available at the door the day of the event.

Questions? Deb Jordan 812-829-7762 or Joy Flynn 812-327-6052

Never underestimate the power of chocolate