



THINK OF A CREATIVE ICE CREAM FLAVOR THAT YOU WOULD LOVE TO SEE SOLD AT TWO ROOSTERS DURING THE MONTH OF APRIL!

STUDENT NAME: _____ **GRADE:** ____ **SCHOOL:** _____

NAME OF ICE CREAM FLAVOR: _____

DESCRIPTION (what does it have in it? how would it be made?):

DRAW AND LABEL A DETAILED PICTURE OF YOUR ICE CREAM FLAVOR CREATION.

A large, empty rectangular box with a black border, intended for the student to draw and label their ice cream flavor creation.