



DELIA MEMORIAL SCHOOL (BROADWAY)
PARENT-TEACHER ASSOCIATION
地利亞修女紀念學校(百老匯)家長教師會

Cooking Competition 2009

7th October, 2009

Dear fellow parents,

The PTA is organizing a cooking competition on 31st October, 2009 (Saturday). All members are welcome to join this event with your child to have fun in cooking. Details are given below.

Yours truly,


Faisal Mahmood

Aims:

To promote parent-child relationship and share skills in cooking

Eligibility to take part: Either one of the following

1. Each family can send only a pair of participants (e.g. a parent and a student studying in DMS Broadway or two siblings); *or*
2. Two students in DMS Broadway form a pair

Note: Priority will be given to "parent and child" participants.

Cuisine - Dessert

Prepare a dish of dessert within **ONE HOUR**. There is no limitation on the style. [If you use the fridge for freezing, please mind the time available.]

Date & Time of Competition: 31st October, 2009 (Sat.) 9:00 a.m. – 12:00 noon

Venue: Biology Laboratory

Prizes: Park'n Shop Coupons - Champion (\$ 300); 1st runner-up (\$ 200) & 2nd runner-up (\$ 100)

Deadline for application: 16th October, 2009 (Friday)

Regulations:

1. All participants must arrive at the School before 8:45 a.m. for preparation.
2. Each pair of competitors has to finish their dish cooperatively.
3. They must bring their foodstuff, seasoning materials, containers, tools (e.g. cutlery & cutting board) and utensils for cooking. [Stove is provided by the PTA.]
4. They are also responsible for the cleanliness of the place where they work.
5. The organizing committee has the right of final decisions on the winning competitors.
6. The results are announced on the day of competition.
7. **If there are more than TEN teams to take part, the final contestants will be decided by drawing lots!**

Adjudicating criteria:

1. Cooperation	20%	4. Decoration	20%
2. Nutritional value	20%	5. Taste	20%
3. Overall design	20%		

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Reply Slip – PTA Cooking Competition 2009 on 31st October 09 (Saturday) PN_0910_036

Date: _____

Name of dessert : _____

Name of Parent/Family Member: _____

Signature : _____

Relationship: _____

Name of Child: _____

Phone number: _____

Class: _____ ()

Will you use the refrigerator? Yes/ No [Please allow enough time for freezing your dessert!]

Return this reply slip to the General Office on or before 16th October, 09 (Friday). THANK YOU very much.