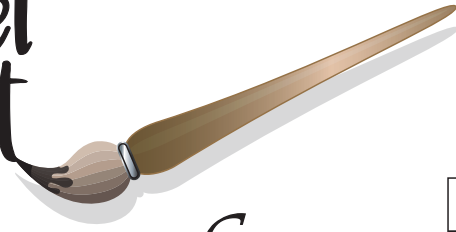


Design a Wine Label Contest



Grand River Cellars and Northeast Ohio Autism Group are back for their Design a Wine Label Contest! This contest is open to Ohio resident children and adults with a diagnosis of autism to create the artwork for the labels of two special wines.



What

Grand River Cellars is a winery located in Madison, OH. They have two 'wines for autism' that were created for the purpose of supporting the local autism community. 'Austin's Red', an award-winning wine, and the new release 'Austin's Rosé' are two wines named for a special young man with autism. Each season, the artwork on the labels is replaced with the artwork of the new contest winner, with information about the winner displayed on the back label. A portion of proceeds from these wine sales are donated to Northeast Ohio Autism Group (NEOAG), which provides financial assistance to local schools, programs and services that care for children and adults with autism. The wines will be released at NEOAG's annual fundraising event in the fall. Each winner will receive a \$100 cash prize.

How

Paint or draw a **full color** piece of original artwork size 8.5 x 11 (no larger than 11x17) and mail to: Grand River Cellars, c/o Cindy Lindberg, 5750 Madison Road, Madison, OH 44057. Multiple pieces of artwork per artist is permitted; **please attach one entry form to each piece of artwork.**

When

Artwork must be postmarked by May 31, 2018. For questions, please contact Cindy Lindberg at 440.231.0991.

Artwork will not be returned. The winners understand that the artwork will be used on our special wines and winners will not receive compensation for their work other than the original cash reward. Your child's first name and diagnosis will appear on the back of the wine label, but for privacy reasons your child's last name will not be revealed. Winners will be contacted via phone and announced on our websites at www.grandrivercellars.com, www.neoag.org.

Please complete the following and return, along with artwork, postmarked by May 31, 2018.

IMPORTANT: PLEASE ATTACH ONE FORM TO THE BACK OF EACH PIECE OF ARTWORK SUBMITTED.

Name: _____ Age: _____

Parent/Caregiver Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Official Diagnosis: _____