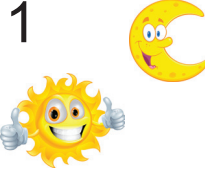

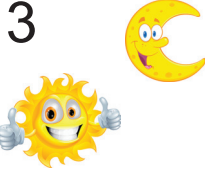




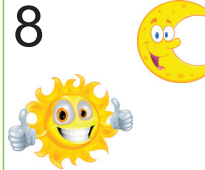

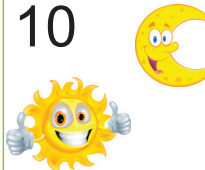

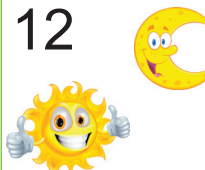




















Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 	2 	3 
4 	5 	6 	7 	8 	9 	10 
11 	12 	13 	14 	15 	16 	17 
18 	19 	20 	21 	22 	23 	24 
25 	26 	27 	28 			

To participate in the **Princess Dental Centre Brush to Win Contest:**

Place a sticker or checkmark on the:  when you brush in the morning  when you brush at night.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

I, the parent/guardian of <student name> \_\_\_\_\_ give Princess Dental Centre permission to publish my child's first name and school on the Princess Dental Centre website if my child wins a prize in the Brush to Win contest:

YES  NO

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_