


































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 	29 	30 	31 

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: _____