













Brush to Win Contest

Dates: _____ to _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  
<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  
<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  
<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  
<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  	<input type="checkbox"/>  

To participate in the Image Dental Care **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: _____

I, the parent/guardian of <student name> _____ give Image Dental Care permission to publish my child's first name, photo, and school on the Image Dental Care website / social media if my child wins a prize in the **Brush to Win** contest.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____