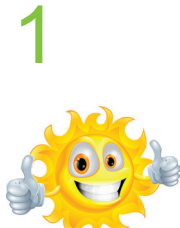













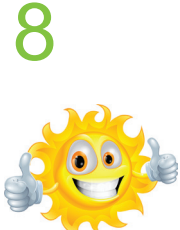



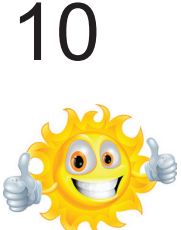

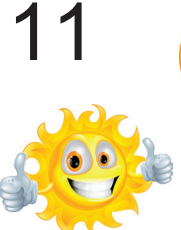





































Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1  	2  	3  	4  	5  	6  	7  
8  	9  	10  	11  	12  	13  	14  
15  	16  	17  	18  	19  	20  	21  
22  	23  	24  	25  	26  	27  	28  

To participate in the **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: _____

School Address: _____

School Phone Number: _____

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 if my child wins a prize in the Brush to Win contest:

YES NO

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Image Dental Care

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