

## **COLOURING CONTEST - ENTRY FORM**

Colour in the picture, fill in the contact details and send the colour scan or photo to **contactus@pdgdental.com** for a chance to win a \$50 Gift Card

PATIENT'S FIRST & LAST NAME:	PATIENT'S AGE:
GUARDIAN'S NAME:	CITY:
(EMAIL:	NOTE: Contact details will be used to contact the guardian if the
CIVIAIL:	child entrant wins the prize CONTACT DETAILS WILL NOT

DISPLAYED ON FACEBOOK DURING THE PUBLIC JUDGING.