

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AGE: _____

EMAIL ADDRESS: _____

Date: _____

If you are going to mail in your entry:

Drs. Mayhew, Scheffler, Conn and Hardaway

Coloring Contest Entry

373 Boone Heights Drive

Boone, NC 28607

Or

Email your entry to:

**arufus35@hotmail.com in the Inbox title: Orthodontic
Health Month Contest Entry.**