



Shoppe

CHRISTMAS IN JULY
SUMMER
SMILE MAKEOVER

Please fill out this entry form and return to the Smile Shoppe staff via email or as hardcopy.

All questions must be answered to enter to win the FREE Smile Makeover from The Smile Shoppe.

Please send a headshot photograph of your smile with this entry form. There are no restrictions. All ages may apply. Deadline to apply: July 31, 2016.

Name: _____

Age: _____

Email: _____

Gender: M F

Address: _____

Phone: () _____

Are you a current patient at the Smile Shoppe?

YES

NO

Do you have any outstanding dental problems?

YES

NO

If yes, please describe: _____

How long has it been since your last dental visit? _____

Please tell us what you would like to change about your smile:

What would this smile makeover mean to you?

I consent to having my photograph taken and used by
The Smile Shoppe for educational and promotional purposes.

Signature of applicant or parent/guardian:
