

SpringbankDental Brush To Win Registration Form

Please fill out the form below and note the following:

- Students attending kindergarten through grade two are eligible to enter the program and contest.
- A modified program and contest is available to accommodate preschool and other classes. Please inquire.
- The registration form can be sent to contact@springbankdental.ca or faxed to 403-265-2077.

School name:_		
Contact person	n:	
Phone:		
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Please indicate p	articipating grade(s) and teacher name/number	of students for each class, (ie: Smith AM 14, Jones PM 15):
Grade □ Pre K	Teacher(s)/# of students	Springbank DENTAL CENTRE
□ K		116-30 Springborough Boulevard SW
☐ Grade 1		Calgary, Alberta T3H 0N9
☐ Grade 2		Phone: 403-277-7464
		All services provided by general dentists
	your preferred date(s) and times for our de	ntal or your students.