

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (area code included) \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

(please print)

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## 2009 NATIONAL CHILDREN'S DENTAL HEALTH MONTH COLORING CONTEST

sponsored by

**Illinois State Dental Society**

### COLORING CONTEST RULES

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#### ELIGIBILITY:

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Children in kindergarten, first, second and third grades are eligible to participate.

#### CONTEST GUIDELINES:

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1. Contestants must color their own entry forms, without assistance from other parties.
2. The picture may be decorated with crayons, markers, paint, pencils . . . any method you like.
3. Entry forms must be returned to the Illinois State Dental Society by February 28, 2009.  
Contest winners will be notified by mail by May 1, 2009.
4. Family members of Illinois State Dental Society members and their employees are not eligible to participate.
5. No purchase is necessary in order to be eligible to participate and/or win.

#### PRIZES:

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Over 25 art supply kits will be awarded in each category.

Winners will receive their prizes by mail at the expense of the Illinois State Dental Society.

#### HOW TO ENTER:

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1. Color Flossie using crayons, markers, paint, and/or pencils.
2. Mail the completed coloring sheet to:

**ISDS Coloring Contest**

P.O. Box 376

Springfield, Illinois 62705

*The entry form must be postmarked by February 28, 2009.*

3. Be sure to include your name, address, phone number and grade in school as indicated above.