

Competition Entry Form

SCHOOL NAME & POSTCODE: _____

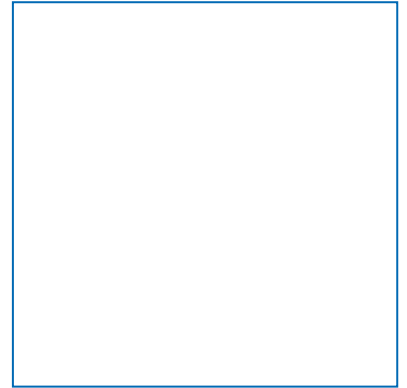
PUPIL NAME: _____ AGE: _____

TEACHER EMAIL ADDRESS: _____

TEACHER NAME: _____ PARENT / CARER SIGNATURE: _____

My Terrific Teeth Team is called: _____

My logo is:



How does each member of your teeth team keep your smile dazzlingly bright?



- Fill out ALL details asked for on this page or your entry may not be counted!
- Either post this form to: Aquafresh Shine Bright, We Are Futures, 1 Paris garden, London, SE1 8ND.
- Or you can scan or take a high-quality photograph of this form and email it to: competitions@nationalschoolspartnership.com