

Competition Entry Form

SCHOOL NAME & POSTCODE: _____

PUPIL NAME: _____ AGE: _____





TEACHER EMAIL ADDRESS: _____

TEACHER NAME: _____ PARENT / CARER SIGNATURE: _____

My tooth guardian is called: _____

My tooth guardian is from: _____

What magic powers or tools does your tooth guardian have?

-   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