



National Children's Dental Health Month
CHILDREN'S COLORING CONTEST



NAME: _____ AGE: _____

WIN AN ELECTRIC TOOTHBRUSH!

Mail us your colored page by **Monday, February 26** to be entered into a drawing for an electric tooth-brush. Two names will be drawn. By entering the contest, you agree to allow the ECDN to share your page online and in our publications. Your contact information will NOT be shared. **Mail to: Jane Neubauer, ECDN, PO Box 318, Fergus Falls, MN 56538.**

NAME: _____ AGE: _____

Contact information:

Parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____