

Deserving Smile of Denton County

Application

Eligibility Determination

- 1) I am a resident of Denton County: YES NO
- 2) I am 18 years old: YES NO
- 3) I have read the official rules of the contest: YES NO

If you answered YES to questions #1 – #3, you are qualified to enter the contest. Please complete the application and turn it in by July 15, 2015.

Please sign below to indicate that you have read and agreed to all the terms and conditions of the Deserving Smile of Denton Office Rules. If you are filling this application out for your loved one, please obtain their consent prior to submitting this application.

I (contestant) _____ agree to all the terms and conditions of the contest.

Signature of contestant _____ Date: _____

Name of Contestant: _____ Age: _____ Gender: F M

I am entering myself: YES NO If no, nominee name: _____

Email (Please Print) _____ Phone # _____ - _____ - _____

Address: _____ City _____ State: _____

OFFICIAL RULES

Eligibility: The Smile Makeover Contest is open to individuals 18 years or older at the time of entry and is only open to legal residents of the Denton County. This Contest is void outside the Denton County, and where prohibited.

1. The Deserving Smile of Denton County Contest runs from May 15, 2015 to July 15, 2015. To enter, please complete the Deserving Smile of Denton County application. If you are submitting a story for a loved one, please make sure you have their personal information included and their permission to submit an entry into this contest.

2. Please send all entries to: info@dazzledentalcare.com or mail to Dazzle Dental Care: 1121 Flower Mound Road, Suite 500, Flower Mound TX 75028. Each entry **must** be completed in order to be considered. All material submitted will become property of Dazzle Dental. Winner must consent that all parts of their submission including before and after photos may be published on media, radio, newspaper and etc. without compensation. Please remember to attach or send your close-up photo. No personal information will ever be used (last name, contact information, etc.).

3. On or around July 15th, 2015, three finalists will be chosen to meet with Dr. Nguyen for an exam. At this time, he will verify eligibility to receive a smile makeover. One winner will be chosen by the public to receive a smile makeover.

4. Prize: One winner will receive a complimentary smile makeover from Dazzle Dental. There is no cash value to the prize. Dazzle Dental has the right to revoke prize if winner is not compliant with treatment and appointments.

5. If chosen, the winner must be available for several days and/or appointments for the smile makeover process. The chosen winner must have a flexible schedule when it comes to appointment dates and times. The chosen winner must make all appointments that are scheduled.

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How long has this person lived in our community? _____

Any community/church service involvement? _____

Any serious medical conditions/family circumstances: _____

Other challenges this person has faced: _____

Why does this person deserve this makeover?

How would this change your life? _____

Please include a photo of the contestant smiling and showing teeth with your application. Please turn in the completed application to email info@dazzledentalcare.com or to address: Dazzle Dental: 1121 Flower Mound Rd, Suite 500, Flower Mound TX 75028. Any missing documents will automatically forfeit your application .