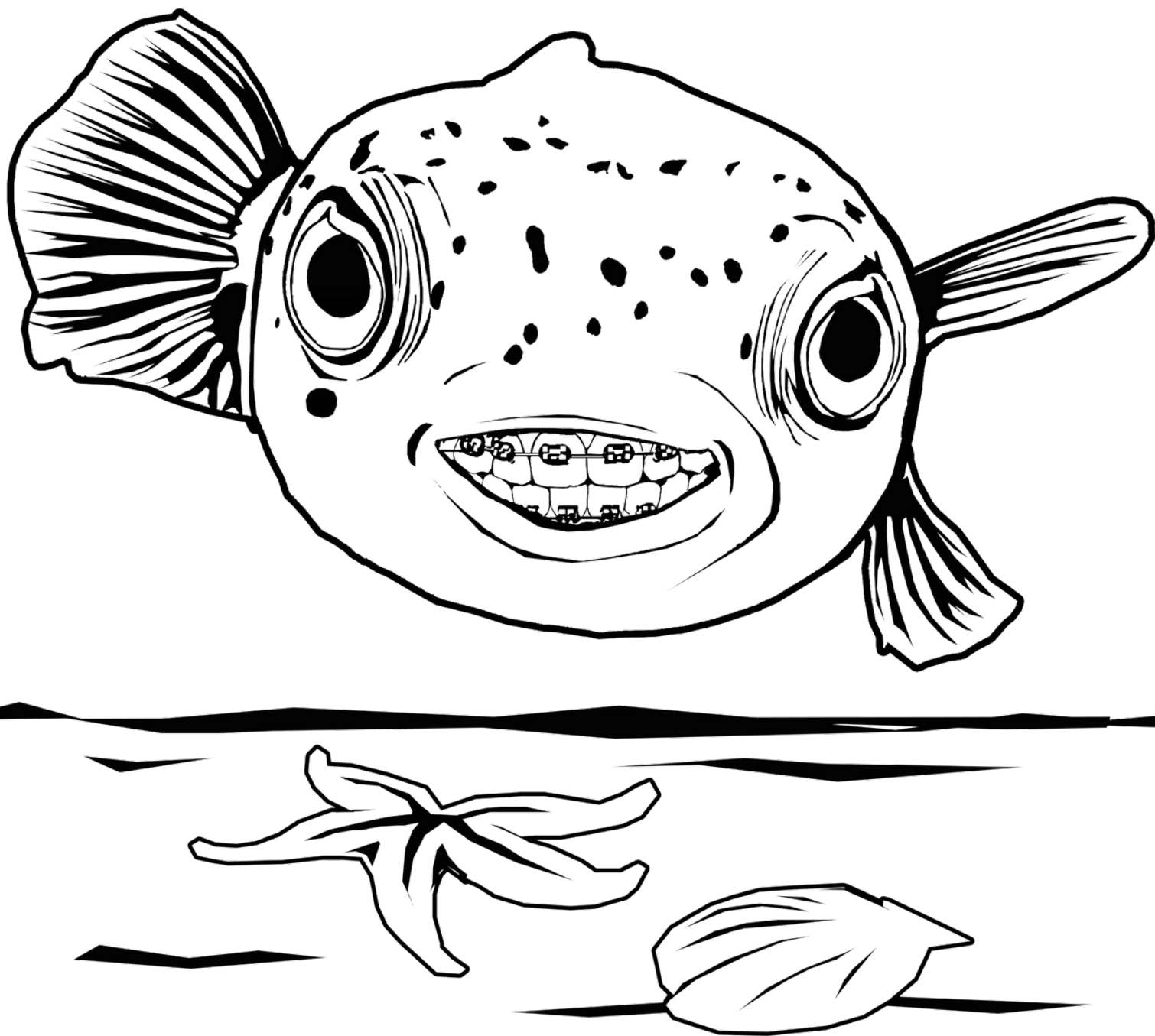




# National Orthodontic Health Awareness Month



Color this picture for a chance to win a \$25 VISA gift card PLUS \$100 for your school!

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

School Name: \_\_\_\_\_ School Zip \_\_\_\_\_

Mail to:

Coloring Contest  
3003 Park 16th St  
Moline, IL 61265

Or scan and send to [contest@wqad.com](mailto:contest@wqad.com)  
Deadline for entry is October 25th, 2022.



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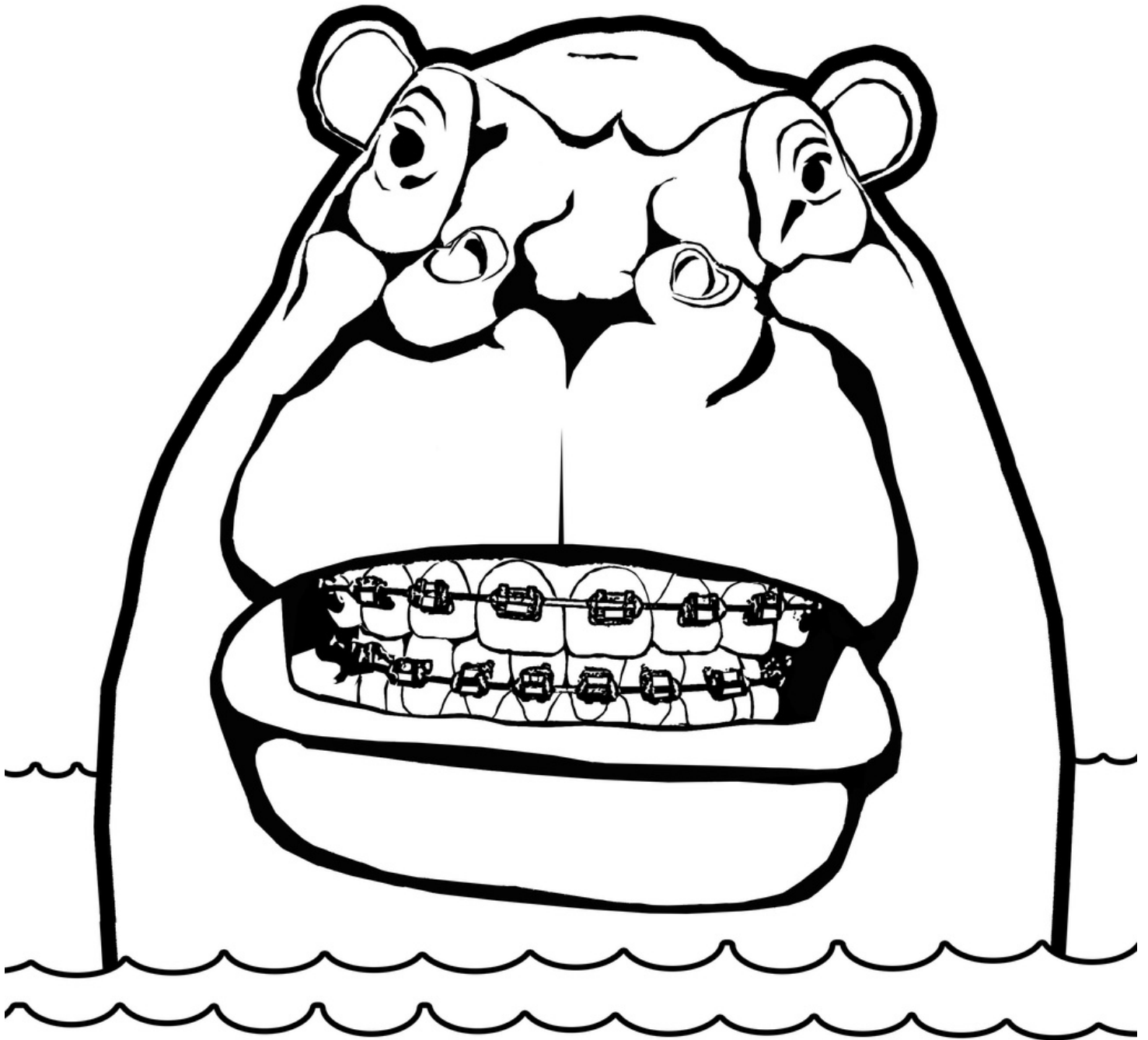
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