

OFFICIAL ENTRY FORM

# The Shaheen Family Dental – \$50.00 Gas Card Giveaway

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City , State and ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

***Must be a new patient, 18 years of age and older to qualify and limit one entry per person.***

***By entering this drawing you agree to all the terms and restrictions. Contact us for details.***

***One random drawing will be conducted at the end of the month and we reserve the right to cancel or suspend the drawing at anytime.***

***Signature*** \_\_\_\_\_