

WINTER GREETING CARD DRAWING CONTEST SUBMISSION SHEET

Name: _____

Age: _____

Artwork Title: _____

Relation to TDA Member: _____

(Patient of Dr.X, Grandchild of X, Child of X, etc.)



*Please take a photo of / scan this page when complete
for submission and send to janie@tndental.org
PLEASE SUBMIT BY December 4th, 2024 @ 3PM*