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SECOND DISTRICT DENTAL SOCIETY OF NEW YORK & RICHMOND COUNTY DENTAL SOCIETY CHILDREN'S DENTAL HEALTH MONTH POSTER CONTEST

CONTEST RULES

- Create a T-Shirt design with a theme related to oral health such as brushing, flossing, dental visits, tooth anatomy, nutrition and dental health, etc.
- All entries must be on paper or poster board no larger than 11" x 17." Depth is restricted to half an inch.
- Students may use media such as paint, marker, crayon, colored pencil, collage, etc. Computer generated art is also acceptable.
- Posters created by students must be their own original artwork. Entries with copyrighted characters, clip art or product brand names will not be accepted.
- **LABEL YOUR ENTRY.** Student's name, age, grade, teacher name, school address and school phone number **MUST** be included somewhere on the back of the entry to qualify. Failure to provide any of this information will result in disqualification.



All entries become the property of SDDS and will not be returned unless a self-addressed, stamped envelope is provided with the entry. Winners will be chosen by members of the SDDS Oral Health Committee based on the educational value and creativity of the project. SDDS will contact the winners' schools directly about their awards. This contest is open to students in Brooklyn and Staten Island schools only.

JUDGING CATEGORIES

- Preschool—Kindergarten
- 1st—2nd Grade
- 3rd—4th Grade
- 5th—6th Grade
- 7th—8th Grade
- 9th—10th Grade
- 11th—12th

AWARDS

Winners in each category will receive savings bonds:

- **FIRST PLACE** \$100 US Savings Bond
- **SECOND PLACE** \$75 US Savings Bond
- **THIRD PLACE** \$50 US Savings Bond

ENTRIES ARE DUE BY MARCH 16, 2012

Mailing address for Brooklyn school entries:

Attn: Poster Contest
Second District Dental Society
111 Fort Greene Pl
Brooklyn, NY 11217

Mailing address for Staten Island school entries:

Attn: Poster Contest
Dr. Scott Brustein
3767 Hylan Blvd
Staten Island, NY 10308

CONTACT FOR QUESTIONS:

Veronica Molina
(718) 522-3939
vmolina@sddsny.org

February is National Children's Dental Health Month

ROCK YOUR SMILE



↓ Teachers: You may duplicate this form and affix to back of each entry. ↓

Student Name: _____

Age: _____ Grade: _____

Teacher Name: _____

School Name: _____

School Address: _____

School Phone: _____

Teacher Email: _____