

## **2015-2016 Official Essay Contest Entry Form**

### **"What a Perfect Smile Would Mean to Me – Why I Want Braces"**

Dr. Roland Fulcher would like to thank the Lowcountry for their continued support of his practice for over 23 years! Dr. Fulcher believes in living a life of service to his community. Even with his busy schedule as a full-time husband, father, doctor and part time professor of orthodontics, he still makes time to volunteer at local schools, church, community events and charities. Lowcountry Orthodontics' Annual Essay Contest is just one more way Dr. Fulcher is able to give back to the wonderful community that we all call home!

Each May, one winner is chosen to receive **Full Comprehensive Orthodontic Treatment**, including records, all appointments and retainers at **no cost**. If you have always wanted braces but the financial timing was never right, this contest is for you! Now is your chance to get the smile you've always wanted – for free! Just write your essay, complete the attached form and return it to Lowcountry Orthodontics **NO LATER THAN March 15, 2016**.

#### **Contest rules are as follows:**

- There is no required length for the essay. Please be sure we can read it!
- Must be composed by entrant, in their own words and truthful. Prize is not transferable to friends or family members.
- Must be in good dental health with no cavities (fillings are ok!) and get regular dental check-ups
- Must be a full time student; college students included!
- All finalists will be notified by telephone and scheduled for orthodontic records at no charge. Medical necessity will be considered along with original essay.
- Essay must be attached to this signed entry form and be dropped off or mailed to:
  - Lowcountry Orthodontics, 1708 Old Trolley Rd. Suite B, Summerville, SC 29485
- Prize recipient will be responsible for all transportation to/from appointments and will all keep scheduled appointments.
- Recipient will have excellent oral hygiene and follow all instructions during treatment including but not limited to: wearing special appliances, rubber bands and avoiding foods that may damage the braces.

Please complete this form and attach to your submission.

**Student's full name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homeroom/Teacher:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Parent/Guardian Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_

#### **Student Certification**

- 1) I have read and understand the rules for this essay contest.
- 2) This essay was written by me, is truthful and was not copied from any other source.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Parental/Guardian Consent**

I am authorized and give my permission for this child to be entered into the contest for free comprehensive orthodontic treatment. I understand that if my child is selected they will be featured on the practice website ([fulcherortho.com](http://fulcherortho.com)), Facebook page, and/or the newspaper. I also acknowledge that the information provided in the essay is correct and I understand that I will be responsible for providing transportation to and from Lowcountry Orthodontics for all appointments. I am aware that my child needs to be in good dental health before any orthodontic procedures may begin and promise that they will continue to maintain good dental hygiene during treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_