FAVORITE TEACHER CONTEST

Full name of school_____

Teacher's name_____

Grade and/or Subject_____

Patient's full name_____

Parent's full name_____

Why are they your favorite teacher?_____

_____

What is the best thing you learned from this teacher?_____

_____

_____

What have they inspired you to accomplish?_____

_____

Fond memory or funny story about this teacher_____

_____

- **Drop off completed form at Hart Orthodontics either in person or USPS mail. Use the mail slot on our side door after office hours.**
- **Submissions must be hand written and received no later than close of business on Wednesday, November 26th, 2025.**
- **Participants receive 30 rewards points. Two teachers will be selected to receive a $500 gift card for classroom supplies.**