



Forms accepted now,
so don't wait—start today!



NHFISHERCATS.com

DELTA DENTAL

www.nedelta.com



Oral Health Challenge participants at Delta Dental Stadium

Oral Health Challenge

Northeast Delta Dental and the New Hampshire Fisher Cats want your children to have healthy teeth and gums. We ask them to **brush twice and floss once daily** during a one-week period to earn two tickets for a 2025 game at Delta Dental Stadium. Please encourage them to continue to brush and floss daily, because these are very important oral health habits that we hope will last a lifetime!



If you have questions about the Oral Health Challenge program, please contact the Fisher Cats Community Relations Department at 603-641-2005 or e-mail community@nhfishercats.com



Northeast Delta Dental / New Hampshire Fisher Cats



Good oral health contributes to overall health. Brushing and flossing daily helps keep kids' teeth and gums healthy. **Brush twice and floss once daily** for seven consecutive days to earn two tickets to a 2025 Fisher Cats game!

Instructions

- Children must be 12 years of age or younger to participate.
- Brush twice and floss once daily for seven consecutive days.
- Check off the days that you brushed and flossed on the form located to the left.
- After finishing the Challenge, fill out the remainder of the form and send it to **Oral Health Challenge, NH Fisher Cats, 1 Line Drive, Manchester, NH 03101.**

Completed forms will be accepted until two weeks before each scheduled game.

- You will receive two tickets for one of our four Oral Health Challenge games at Delta Dental Stadium. The Oral Health Challenge games will take place on June 22, July 26, August 8, and August 30. You will be honored on the field before the game for completing the Challenge.



Individual and family dental plans are available from Northeast Delta Dental.

Buy online!

DeltaDentalCoversMe.com

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Dentist Office / Dentist Name _____

Child's Name _____ Date of Birth _____ / _____ / _____
Children must be 12 years of age or younger to participate.

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Parent/Guardian Signature _____ Email _____

Brush And Floss Daily Checklist

Check off each day that you brush twice and floss once...

SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Kids...
Remember to keep brushing and flossing daily after you complete your Oral Health Challenge!

Please mail me two free tickets to the following Northeast Delta Dental Oral Health Challenge game at Delta Dental Stadium:

- ☐ June 22, 2025
☐ July 26, 2025
☐ August 8, 2025
☐ August 30, 2025

☐ I would also like to purchase _____ additional ticket(s) at \$10.00 per ticket.

SUBTOTAL \$ _____

+ Add \$3.00 total processing fee if ordering additional tickets.

GRAND TOTAL \$ _____

Please make checks payable to **New Hampshire Fisher Cats.**