



HOBBLE CREEK
DENTAL CARE

Stephen W. Pratt, DDS

Gift A Smile Charity Event Application

Applicant Contact Information: *(Individual or Families)*

Applicant Name: _____ Age: _____

**For family nominations please write additional family member names and ages at bottom of form.*

Applicant Address: _____

Applicant Phone: _____

Please explain why this applicant is the best choice to receive a healthy smile:

**Please include any hardships, financial information, employment status, and any other details that would show us why they deserve this great opportunity. You may use additional paper if needed.*

With your application you must also include a photo of the applicant(s).

Your Information:

Name: _____

Relationship to the Applicant: _____

Phone: _____ Email: _____

Please Mail or Email Application To:

Hobble Creek Dental Care
Annual Charity Event
143 East 200 South
Springville, UT 84663

Questions? (801) 489-4541