



WELCOME TO OUR PRACTICE!

Please share some “Fun Facts” about you with us...

Your Name: _____

Your School: _____

Year in School: _____

Favorite Color: _____

Favorite Food: _____

Least Favorite Food: _____

Favorite Candy: _____

Sports You Play: _____

Instruments You Play: _____

Favorite Sports Team: _____

Favorite Movie: _____

Favorite Book: _____

Favorite TV Show: _____

Favorite Music Style or Group: _____

Is there something about you that is special or unique that you would like us to know?

How do you feel about getting braces? _____

