



Fit To Smile Rewards Program: Coach's Submission

Coach's Name: _____

Team Name: _____

Patient Name: _____

Athletic Fee Paid: \$ _____

Which FTS office?

- Englewood**
- Highlands Ranch**

***Coach's Signature:** _____

Thank you for helping your athlete earn Fit To Smile Rewards!

For more information please visit: FitToSmile.com/rewards

*By signing this document, you are agreeing that the above information is correct and the athlete has completed their season.