



**How to enter:**  
Please have a parent/guardian fill in the survey and  
mail your entry to:

Peel Public Health  
c/o Michelle Samuels  
10 Peel Centre Drive, Suite B  
PO Box 2009, STN B  
Brampton, ON, L6T 0E5

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

