



National Association of Conservation Districts

Please check appropriate category:

K-1 2-3 4-6

STUDENT

Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

School Name: _____ Grade: _____ Age: _____

_____ The poster is an original completed by the student named above.

_____ The student received assistance from another person or materials/ideas from another source. If you answered "yes," please include a brief explanation before you submit this entry form.

SCHOOL

Teacher: _____

Please choose: Public School Private School Home Schooled

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

E-mail: _____

Printed name of parent or guardian name: _____

Signature of parent or guardian allowing NACD/the conservation district listed below to utilize poster submission for educational or promotional purposes:

_____ Date _____

CONSERVATION DISTRICT

Name: _____

Contact: _____ Title: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Email: _____

SPONSORING AGENCY

Name: _____

Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____