Please check appropriate category:

K-1  2-3  4-6  7-9  10-12

Please place this document/form on the back of the poster or email it for each submitted poster.

Student
Name First: ___________________________ Middle: ___________________________ Last: ___________________________
Address: ___________________________ Students Age: ___________________________ Grade level: ___________________________
(Address Optional)

Please circle one:
Yes or No: This poster is the original work of the student named above.
Yes or No: The student received assistance from another person or materials/ideas from another source. If answered "yes," please include a brief explanation.

______________________________

______________________________
______________________________

Parent/Guardians Signature X ___________________________ Date ___________________________

Printed name of parent or guardian name: ____________________________________________

Parent/Guardians signature will allow the NACD/the Conservation District listed below to utilize poster submission for educational or promotional purposes.

Email Address ___________________________ Phone Number: ( ) ___________________________

School/Group/Organization
Please choose: ___ Public School ___ Private School ___ Home School ___ Organization ___ Other

Name: ___________________________________________________
Contact: __________________________________________ Email Address: ___________________________
Address: __________________________________________ City: __________________________ State: _______ Zip: _______
Phone Number: [ ___ ] __________________________

Conservation District

Name: ___________________________________________________
Contact: __________________________________________ Email Address: ___________________________
Address: __________________________________________ City: __________________________ State: _______ Zip: _______
Phone Number: [ ___ ] __________________________