National Association of Conservation Districts

PLEASE PLACE THIS DOCUMENT/FORM ON THE BACK OF THE POSTER

Please check appropriate category:

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

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: (_____) _____

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