



National Association of Conservation Districts

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: (____) _____