



# 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.

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**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: (\_\_\_\_) \_\_\_\_\_