



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



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 _____ **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.

u]o CE •• _____ Phone Number: () _____



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XWLOLJHG IRU HGXFDWLRQDO RU SURPRWFLDQQRW EXHUMXGJHYG RU

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: () _____