



# National Association of Conservation Districts

Please check appropriate category:

K-1     2-3     4-6     7-9     10-12

*Please submit one form per poster*

## STUDENT

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Students Age: \_\_\_\_\_ Grade level: \_\_\_\_\_

- Braille Poster Contest (Braille)
- Graphic Design Poster Contest (Digital)
- Additional Assist Poster Contest (Assist)
- Hand Drawn Poster Contest (HD)

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**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.**

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