



	Please	appropriate category		
K-1	2-3	4-6	7-9	10-12

Fill out the form neatly by printing or typing, attach to the back of poster being entered into the contest, and submit to the SWCD office in the county in which your school is located by **Friday, March 23, 2018.**

STUDENT & SCHOOL INFO

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

School Name _____ Grade _____ Age _____

The poster is an original completed by the student.
The student received assistance from another person or materials/ideas from another source. If so, please explain on another piece of paper.

Teacher _____

Public School _____ Private School _____ Home School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent or Guardian Name _____

Signature of parent or guardian allowing CDI, NACD and the District to utilize the poster for educational or promotional purposes:

_____ Date _____

CONSERVATION DISTRICT INFORMATION

Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

STATE ASSOCIATION INFORMATION (State Poster Contest Sponsor)

Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____