



	<b>Please</b>	<b>appropriate category</b>		
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 Conservation Districts of Iowa

Contact Linda King Title Executive Director

Address 315 East 5<sup>th</sup> Street, Suite 12, Des Moines, IA 50309

City Des Moines State Iowa Zip 50309

Phone 515-289-8300 Email [Linda.King@cdiowa.org](mailto:Linda.King@cdiowa.org)