



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)

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: () _____