



# 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         7-9        10-12   

## 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.

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**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: (     ) \_\_\_\_\_

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