



National Association of Conservation Districts

Please check appropriate category

_____ 5-6 _____ 7-8

PLEASE PLACE THIS FORM ON THE BACK OF THE POSTER OR EMAIL IT FOR EACH SUBMITTED POSTER.

Student

Student Name: _____

Address: _____

Student Age: _____ Grade Level: _____

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.

Parent/Guardian Signature: _____

Parent/Guardians signature will allow the NACD/the Conservation District listed below to utilize poster submission for educational or promotional purposes.

Parent Name: _____

Email Address: _____ Phone Number: _____

School/Group/Organization

Please Choose:

___ Public School ___ Private School ___ Home School ___ Organization ___ Other

Name: _____

Contact: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: _____

Conservation District

Darke Soil & Water Conservation District | 1117 Southtowne Court | Greenville, OH 45331

Questions? Contact Elizabeth at 937.548.1715 ext. 3 elizabeth.farver@darkeswcd.com