

Poster Contest Entry Form

Please check appropriate category:

 K-1 2-3 4-6 7-9 10-12



National Association of
Conservation Districts

STUDENT

Name First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Age: _____ Grade Level: _____

Please circle one:

Yes or No: This poster is the original work of the student name 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 on another piece of paper.

PARENT/GUARDIAN'S SIGNATURE **X** _____ **DATE** _____

Printed name of parent or guardian name: _____

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

SCHOOL/GROUP/ORGANIZATION

Please choose:

 Public School Private School Home School Organization Other

Name: _____ Contact Person: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number:(_____) _____

CONSERVATION DISTRICT

Name: Gulf Coast SWCD Contact Person: Danielle Vail

Email Address: danielle.frugé@la.nacdnet.net

Address: 5417 Gerstner Memorial Drive

City: Lake Charles State: Louisiana Zip: 70607

Phone Number:(337) 474-1583 Ext. 3

IMPORTANT: PLEASE PLACE THIS FORM ON THE BACK OF THE POSTER