



# Poster Contest Entry Form



Please  appropriate category

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

## STUDENT

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

(ADDRESS OPTIONAL)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## SCHOOL

Teacher \_\_\_\_\_

Please choose: Public School \_\_\_\_\_ Private School \_\_\_\_\_ Home School \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent or guardian name (printed) \_\_\_\_\_

Signature of parent or guardian allowing NACD/District to utilize the poster for educational or promotional purposes:

\_\_\_\_\_ Date \_\_\_\_\_

Parent signature

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## CONSERVATION DISTRICT

Kane-DuPage Soil and Water Conservation District

Kat Gerdts

Administrative Coordinator

2315 Dean St. Suite 100

St. Charles IL 60175

kat.gerdts@kanedupageswcd.org

630-584-7960 ext 3