



Poster Contest Entry Form



Please <input checked="" type="checkbox"/> 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

Name: Kane-DuPage Soil and Water Conservation District

Contact: Kat Gerdts

Title: Administrative Coordinator

Address: 2315 Dean St. Suite 100

Phone: 630.584.7960 ext 3

City: St. Charles State: IL

Zip: 60175

Email Address: contact@kanedupageswcd.org