



Please check the appropriate category:

           K-4                 5-8                 9-12

**PLEASE PLACE THIS DOCUMENT/FORM ON THE BACK OF THE POSTER OR EMAIL IT FOR EACH SUBMITTED POSTER**

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIANS SIGNATURE** **X** \_\_\_\_\_ **DATE** \_\_\_\_\_

Printed name of parent or guardian name: \_\_\_\_\_

**Parent/Guardians signature will allow the Taos SWCD/NACD 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: (\_\_\_\_) \_\_\_\_\_