



Please circle appropriate category K-5 6-8 9-12

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

STUDENT

Name First: _____ Middle: _____ Last: _____

Town: _____ Students 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/GUARDIANS

SIGNATURE X _____ **DATE** _____

Printed name of parent or guardian name: _____

Parent/Guardians signature will allow the NWCD utilize poster submission for educational or promotional purposes.

Parent Email Address _____ Parent Phone Number: () _____

SCHOOL/GROUP/ORGANIZATION

Please choose: ___ Public School ___ Private School ___ Home School ___ Organization ___ Individual

School Name/Town: _____

Name: _____

Contact: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _ Phone

Number: () _____

CONSERVATION DISTRICT

Name: Northwest Conservation District Contact: Audra Leach

Email Address: audral@nwcd.org Address: 1185 New Litchfield Street

City: Torrington State: CT Zip: 06790

Phone Number: (860) 626-7222