



Poster Theme: Where would we BEE without pollinators?  
DEADLINE: FRIDAY, MARCH 6, 2020

**PLEASE AFFIX THIS DOCUMENT/FORM ON THE BACK OF THE POSTER**

Please check appropriate category:  
     K-1         2-3         4-6         7-9         10-12

**STUDENT**

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Students Age: \_\_\_\_\_ Grade level: \_\_\_\_\_

*Student address needed to any awards.*

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 NACD/the Conservation District listed below to utilize poster submission for educational or promotional purposes.**

Email Address \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**SCHOOL/GROUP/ORGANIZATION**

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

Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

**CONSERVATION DISTRICT**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

