



# 2010 Conservation Habits = Healthy Habitats Entry Form NACD/NACD Auxiliary National Conservation Poster Contest

All entries must go through local conservation district sponsored contest and then to area, State Association or Auxiliary Sponsored State Contest.

**Please print this entry form and attach to the back of the poster being entered.** Check with your local conservation district for their entry deadlines. **The state association entry deadline for the national contest is December 1, 2010 for the 2010 contest.** Visit <http://www.nacdnet.org/about/districts/directory/> to find your local conservation district

*Please Print or type all information below*

**STUDENT**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 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 or on back

Teacher Name \_\_\_\_\_

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 to utilize the poster for educational or promotional purposes: \_\_\_\_\_

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

**CONSERVATION DISTRICT**

Name Montgomery Soil and Water Conservation District

Contact Felicia Schirack Title Education Specialist

Address 10025 Amity Road Phone (937) 854-4645

City Brookville State OH Zip 45309

E-mail Address felicia.schirack@oh.nacdnet.net

**STATE ASSOCIATION, STATE AUXILIARY OR STATE AGENCY Poster Sponsor (For national entries only - not for local judging)**

Name \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_

**Please**

**Appropriate category**

**K-1** \_\_\_\_\_

**2-3** \_\_\_\_\_

**4-6** \_\_\_\_\_

**7-9** \_\_\_\_\_

**10-12** \_\_\_\_\_



<http://www.nacdnet.org>