

Please circle child's appropriate grade category

K-1 (Beginning Division)

2-3 (Intermediate Division)

4-5 (Advanced Division)

## STUDENT

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Mailing Address if Different: \_\_\_\_\_

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

Age \_\_\_\_\_ / **Check Box if "Yes"** \_\_\_\_\_ The poster is an original completed by the student. **Check Box if "Yes"** \_\_\_\_\_ The student received assistance from another person or materials/ideas from another source. If so, please explain on another piece of paper.

## PARENT / GUARDIAN

Parent or Guardian Name (Please Print Your Name Legibly) First: \_\_\_\_\_ Last: \_\_\_\_\_

Signature of parent or guardian is needed to allow MSWCD/NACD/District the right to publicize the poster art drawing created, and/or the name of the student artist.

YES (  ) (Check here before you sign below) to authorize release of your child's name & poster art drawing. OTHER (  ) Check Here to authorize use of Poster Only

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

Mr. / Mrs. / Ms. (please circle) Thank You!

## SCHOOL

School Name \_\_\_\_\_

School Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Public School \_\_\_\_\_ Private School \_\_\_\_\_ Home School \_\_\_\_\_

**TEACHER:** Name \_\_\_\_\_ Classroom # \_\_\_\_\_ Grade \_\_\_\_\_

Contact E-mail address \_\_\_\_\_

## CONSERVATION DISTRICT

Name Marion Soil and Water Conservation District

Contact Janice Calkins Title Office Coordinator

Address 650 Hawthorne Ave SE, Ste # 130 Phone (503) 391-9927

City Salem State OR Zip 97301-5894 E-Mail: janice.calkins@marionswcd.net

ATTACH THIS COMPLETED FORM TO THE BACK OF YOUR POSTER ART ENTRY.  
Entries must be received by Marion SWCD, 5:00 PM, Monday, April 30<sup>th</sup>, 2012.



SOIL TO SPOON THE 2012 ANNUAL CONSERVATION POSTER CONTEST