

2016 Poster Contest Entry Form

Attach this form to back of each poster

Circle Your Grade Category: 2nd—3rd 4th—6th 7th—9th 10th—12th

Your County Soil Conservation District: (see above) _____

Student Name: _____ Grade: _____

Home Address: _____

Town: _____ NJ Zip Code: _____

Phone: _____

Winners will be notified by email, if possible. Please neatly print a suitable email address:

If your poster was created through a school project or assignment please complete teacher & school information.

Teacher Name: _____

School Name: _____

School Address: _____

Town: _____ NJ Zip Code: _____

Phone: _____

Email: _____

I certify that this poster is the original artwork of the student named above. Parent OR Teacher Must Sign.

Signature Parent ☐ OR Teacher ☐

Student Signature _____

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