




TAPE TO BACK OF POSTER

Healthy Forest = Healthy Communities


Please _____ appropriate category _____ 2-3 _____ 4-6 _____ 7-8

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.

SCHOOL

Teacher _____

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/District to utilize the poster for educational or promotional purposes:

_____ Date _____

CONSERVATION DISTRICT

Gasconade County SWCD

Contact: Diana Mayfield, District Specialist IV, Manager

314 S Olive Street, Owensville MO 65066

Phone: 573-437-3478 x 3 E-mail: diana.mayfield@swcd.mo.gov

SPONSORING AGENCY

Name _____

Contact _____ Title _____

Address _____ Phone (_____) _____

City _____ State _____ Zip _____

Email Address _____