

COMPLETED FORM MUST BE ATTACHED TO THE BACK OF EACH POSTER SUBMITTED



OFFICIAL ENTRY FORM
**Uinta County Conservation District
Stewardship Week Poster Contest**

Please MARK the appropriate grade/category:

K-1 2-3 4-6 7-9 10-12

STUDENT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Grade _____ Age _____ Please choose: Public School Home School

School _____ Teacher _____

Please Circle Yes or No (refer to Entry Rules on website and large flyer)

Y or N: Poster is an original completed by the student.

Y or N: Student received assistance or ideas from another source. If 'yes', explain briefly:

PARENT/GUARDIAN

Parent/guardian Name (printed) _____

Phone _____ - _____ - _____

PARENT/GUARDIAN SIGNATURE

X _____

Date _____

By signing this form you agree that the information on this form is correct and you allow the Uinta County Conservation District, WACD, and NACD to utilize the submitted poster for educational or promotional purposes. You also agree that if your child wins a prize in this contest, his/her photo can be taken with the winning poster and can also be used along with his/her name for educational or promotional purposes by the Uinta County Conservation District, WACD, and NACD.

UINTA COUNTY CONSERVATION DISTRICT

204 East Sage St.
PO Box 370
Lyman WY 82937
(307) 288-0214



COMPLETED FORM MUST BE ATTACHED TO THE BACK OF EACH POSTER SUBMITTED



OFFICIAL ENTRY FORM
**Uinta County Conservation District
Stewardship Week Poster Contest**

Please MARK the appropriate grade/category:

K-1 2-3 4-6 7-9 10-12

STUDENT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Grade _____ Age _____ Please choose: Public School Home School

School _____ Teacher _____

Please Circle Yes or No (refer to Entry Rules on website and large flyer)

Y or N: Poster is an original completed by the student.

Y or N: Student received assistance or ideas from another source. If 'yes', explain briefly:

PARENT/GUARDIAN

Parent/guardian Name (printed) _____

Phone _____ - _____ - _____

PARENT/GUARDIAN SIGNATURE

X _____

Date _____

By signing this form you agree that the information on this form is correct and you allow the Uinta County Conservation District, WACD, and NACD to utilize the submitted poster for educational or promotional purposes. You also agree that if your child wins a prize in this contest, his/her photo can be taken with the winning poster and can also be used along with his/her name for educational or promotional purposes by the Uinta County Conservation District, WACD, and NACD.

UINTA COUNTY CONSERVATION DISTRICT

UINTA COUNTY CONSERVATION DISTRICT

204 East Sage St.
PO Box 370
Lyman WY 82937
(307) 288-0214

