

National Association of Conservation Districts

Please che	eck appro	priate category:
K-1	2-3	4-5

PLACE THIS DOCUMENT/FORM ON THE BACK OF THE POSTER OR EMAIL IT FOR EACH SUBMITTED POSTER. STUDENT

Name First:	Middle:	Last:	
Address:	Students Age:	Grade level:	·
(Address Optional)			
Please circle one:			
es or No: This poster is the original work of the stu	udent named above.		
es or No: The student received assistance from ar answered "yes," please include a brief e	explanation.	•	
V			
PARENT/GUARDIANS SIGNATURE X		DATE	_
Printed name of parent or guardian name:			
Parent/Guardians signature will allow the NACD/t submission for educational or promotional purpor		listed below to utilize pos	ster
Email Address	Phone Numb	oer: ()	
SCHOOL/GROUP/ORGANIZATION Please choose: Public School Private Sc		_	
	Email Address:		
Address:	City:	State:	Zip:
Phone Number: ()			
CONSERVATION DISTRICT			
Name: Indian River Soil and Water Conservation D	istrict		
Contact: <u>Linda Caggiano</u>	Email Addres	s: <u>lcaggiano@indianriv</u>	er.gov
Address: 1800 27th Street, Bldg B; Second Floor	City: <u>Vero Beach</u>	State: FL	Zip: <u>329</u> 6
Phone Number: (772) 226-4397			**
Indian Piver Soi	l and Water		



