## Suwannee County Conservation District Poster Contest

2025 Poster Theme: "Home is Where the Habitat is"

This completed form mus	st be attach	ed to tl	ne back d	of the po	<mark>ster.</mark>	
Student information:						
First name: Middle n	ame:	Last ı	Last name:			
Please check the appropriate grade	category:	K-1	2-3	4-6	7-9	10-12
Address:			Age: _		_ Gra	de:
Check yes or no to the following:						
This poster is the original work of the	e student na	amed a	bove:			
Yes No						
The student received assistance for source:	m another p	erson	or mater	ials/idea	a from a	nother
Yes No						
If yes, please include a brief explana Parent/Guardian signature will allow			to utilize	the pos	ter subr	nissioı
If yes, please include a brief explana Parent/Guardian signature will allow educational or promotional purpose	the NACD/	SCCD <sup>.</sup>		·		
If yes, please include a brief explana Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:	the NACD/	SCCD			ter subr Date: _	
If yes, please include a brief explana Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature: Printed name of parent/guardian:	the NACD/	SCCD		· -	Date: _	
If yes, please include a brief explana Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:	the NACD/es. Emai	SCCD		· -	Date: _	
If yes, please include a brief explana Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature: Printed name of parent/guardian:	the NACD/es. Emai	SCCD	ess:	_	Date: _	
If yes, please include a brief explanal Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:Printed name of parent/guardian:Phone number:School/Group/Organization Informa	the NACD/es.  Emailition:  Public Scl	SCCD	ess:	- School	Date:	
If yes, please include a brief explanal Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:Printed name of parent/guardian:Phone number:School/Group/Organization Informa Please check one of the following: School name:	the NACD/es. Emailition:	SCCD	ess:	- School	Date:	
If yes, please include a brief explanal Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:Printed name of parent/guardian:Phone number:School/Group/Organization Informa Please check one of the following:	the NACD/es. Emailition: Public Scl	SCCD	Private Contact: number:	- School	Date:	
If yes, please include a brief explanal Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:Printed name of parent/guardian:Phone number:School/Group/Organization Informa Please check one of the following: School name:School Address:	the NACD/es. Emailition: Public Scl	SCCD	Private Contact: number:	- School	Date:	
If yes, please include a brief explanal Parent/Guardian signature will allow educational or promotional purpose Parent/Guardian Signature:Printed name of parent/guardian:Phone number:School/Group/Organization Informa Please check one of the following: School name:	the NACD/es.  Emailition: Public Scl	SCCD	Private Contact: number:	- School	Date:	

Phone: 386.362.2622 Ext 3 Address: 1525-B Ohio Ave S City: Live Oak State: FL Zip: 32064