



2025 Conservation Awareness Poster Contest

County Entries Due: _____

STUDENT

First Name _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ E-mail _____

Grade _____ Age _____ Parent/guardian name (printed) _____

REQUIRED Signature of parent or guardian certifies that the information provided is accurate and allows local land conservation departments, WI Land+Water, and NACD to utilize the photos for educational or promotional purposes:

X _____ Date _____

LOCAL MEDIA

Name of your local newspaper: _____

Newspaper Telephone Number: _____

Newspaper Email: _____

SCHOOL

Public School Private School Home School

Teacher Name _____

School Name _____

Address _____

City _____ State WI Zip _____

E-mail address _____ Phone (____) _____

COUNTY LAND/WATER CONSERVATION DEPARTMENT (to be filled out by local rep)

County _____ Area _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone (____) _____

Please



Appropriate
grade level

Grades K-1

Grades 2-3

Grades 4-6

Grades 7-9

Grades 10-12

