

**THIS FORM MUST BE ATTACHED ON THE BACK OF THE ENTRY.**

**POSTER DUE DATE:**

**Friday, November 1, 2024 - 4 p.m.**

Rules are available upon request.



**STUDENT**

- Any K- 12<sup>th</sup> grade student
- Entrance into the Springs Forever Conservation Summit  
Monetary prizes & ribbons for 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> in all five divisions:  
K-1<sup>st</sup>; 2<sup>nd</sup>-3<sup>rd</sup>; 4<sup>th</sup>-6<sup>th</sup>; 7<sup>th</sup>-9<sup>th</sup>; & 10<sup>th</sup>-12<sup>th</sup>

**Please Print Legibly**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Teacher \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ 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.

**PARENT CONSENT**

Parent or Guardian Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature of parent or guardian allowing contest organizers to utilize the poster for educational or promotional purposes:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSERVATION DISTRICT**

Name \_\_\_\_\_ Stefani Duarte

Contact \_\_\_\_\_ Marion SWCD Title Program Assistant

Address \_\_\_\_\_ 2710 East Silver Springs Blvd Phone (352) 438-2478

City \_\_\_\_\_ Ocala State \_\_\_\_\_ FL Zip \_\_\_\_\_ 34470

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