

Entry Form Snohomish Conservation District
YOUTH CONSERVATION ART CONTEST

Student Name: _____

Grade: _____

School/if applicable: _____

Home/School Address: _____

City/State/Zip: _____

Guardian/Teacher Phone: _____

Guardian/Teacher Email: _____

Age Category: K-2 3-5 6-8 9-12

I verify that the entry submitted by this student is an original.

Teacher/Guardian's Signature _____

Teacher/Guardian's Printed Name _____

Information to be affixed to the back of the artwork.

Student Name: _____

Grade: _____

Teacher/Guardian's Printed Name _____

Age Category: K-2 3-5 6-8 9-12