



National Association of Conservation Districts

Local Poster Entries to the Virginia State Contest

District: _____ Contact Person: _____

Address for contact:

_____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Email: _____

Name of winner:

K-1 _____

2-3 _____

4-6 _____

7-9 _____

10-12 _____

Digital 7-9 _____

Digital 10-12 _____

Braille _____

Additional Assist _____

Total number of entries in your state contest, i.e. total of all local entries in each of the age categories (include digital, braille, and additional assist in counts) below:

K-1 _____ 2-3 _____ 4-6 _____ 7-9 _____ 10-12 _____ TOTAL _____

Number of Poster Patches Requested _____

Questions? Contact Byron Minson at byron.minson@vaswcd.org