

**POSTER CONTEST IDENTIFICATION FORM**

MACD Central Area  
Hinds County Soil and Water Conservation District

Name \_\_\_\_\_

**Do not write in this space.**

Entry No. \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City State Zip code

**Student's Email Contact:** \_\_\_\_\_

(Preferably parents)

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

**Sponsoring Teacher** \_\_\_\_\_ **Teacher's Email Contact:** \_\_\_\_\_

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