



North Missouri Solid Waste
Management District Region B

2025 NMSWMD Poster Contest Entry Form

Each poster entry must be accompanied by this form. Posters due Monday April 22nd, 2025

Please circle your grade level				
Grades K-1	Grades 2-3	Grades 4-6	Grades 7-8	Grades 9-12

Student Information

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____ Age: _____ Grade: _____

Parent/Guardian Names: _____

Phone:(_____) _____ Email: _____

I allow NMSWMD-Region B to utilize this poster submission for educational and/or promotional purposes. I hereby grant permission to NMSWMD-Region B to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of NMSWMD-Region B.

Signature of Parent/Guardian

Date

Please check whichever box below applies to you:

This poster is an original, completed by the student named above.

The student received assistance from another person or ideas from another source. If so, please list types of assistance on the back of this form.

School Information

Public School _____ Private School _____ Home School _____

School Name: _____

Teacher: _____

School Address: _____ City: _____

State: _____ Zip: _____ Phone:(_____) _____

Teacher Email: _____

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