



Long Island Sound & Its Watershed Drawing Contest Submission Form For Grades K-6

Please submit only one entry per grade

Please Print Clearly

Student's Name _____ Grade _____

Parent's Email _____ Home or Cell Number _____

By signing below, I hereby certify that this drawing was drawn by the student above and agree that it may be offered for publication in the event it is selected as a state winner in the Long Island Sound & Its Watershed Calendar Drawing Contest. If I want to have the drawing returned to me, I will enclose a prepaid mailing label along with the submission or alternatively pick up the drawing at NESS (72 Water Street, Stonington, CT 06378) after the awards ceremony.

Student Signature

Student Print Name

Parent/Guardian Signature

Parent/Guardian Print Name

Teacher Signature

Teacher Printed Name

Teachers and/or Parents, please check one:

- this entry is an individual entry (not associated with a school)
- this is the one preselected entry that will represent my school in the contest

Teachers, please fill out the following information:

School _____

School Address _____ City _____ Zip _____

Teacher's Name (First and Last) _____

Teacher's email address _____

Teacher's contact phone number _____ Best time to call _____

How did you learn about the contest? _____

Additional number of students that participated in the contest at your school _____

Comments: