

Your name: _____

School address: _____

Your phone number: (_____) _____

Your mailing address: _____

Teacher's name: _____

Teacher's email: _____

Grade: _____

Teacher's summer email: _____

School name: _____

Teacher's summer phone number: _____

School phone number: (_____) _____

(_____) _____

Mail entires to: NDEE Calendar Contest, P.O. Box 98922, Lincoln, NE 68509-8922

Your name: _____

School address: _____

Your phone number: (_____) _____

Your mailing address: _____

Teacher's name: _____

Teacher's email: _____

Grade: _____

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School name: _____

Teacher's summer phone number: _____

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