

ENTRY FORM

PTA LEADER NAME					
	A LEADER NAME EMAIL EA ID PTA NAME		P		
PTA ID PTA N			STATE _		
COUNCIL PTA	DISTRICT PTA		REGION PTA		
MEMBER DUES PAID DATE	INSURANCE PAID DATE		BYLAWS APPROVAL DATE		
STUDENT NAME	6	iRADE	AGE	GENDER (opti	onal)
PARENT/GUARDIAN NAME	E	MAIL		PHONE	
MAILING ADDRESS		CITY		STATE	ZIP
Ownership in any submission shall permission and consent that PTA n works for PTA purposes. PTA is no constitutes acceptance of all rules a STUDENT SIGNATURE:	nay display, copy, reproduce, enh t responsible for lost or damaged and conditions. I agree to the abou	ance, print, s d entries. Sub e statement (sublicense, publish, emission of entry in and the National PT	distribute and to the PTA Re A Reflections	create derivative flections program Official Rules.
STUDENT SIGNATURE:	PARENI/L	EGAL GUARD	IIAN SIGNATURE:		
GRADE DIVISION (Check One) □ PRIMARY (Preschool- Grade 2) □ HIGH SCHOOL (Grades □ INTERMEDIATE (Grades 3-5) □ SPECIAL ARTIST (All Gr MIDDLE SCHOOL (Grades 6-8)				☐ MUSI	C COMPOSITION OGRAPHY AL ARTS
TITLE OF ARTWORK					
ARTWORK DETAILS (Dance/Film: ci	te background music; Music: mus	ician(s)/instru	umentation; Literat	ure: word cou	nt; Photo/Visual
ARTWORK DETAILS (Dance/Film: ci Arts: materials & dimensions)	te background music; Music: mus	ician(s)/instru	umentation; Literati		nt; Photo/Visual
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ARTWORK DETAILS (Dance/Film: ci Arts: materials & dimensions) ARTIST STATEMENT (Must be 10 to	te background music; Music: mus	ician(s)/instru	umentation; Literati		nt; Photo/Visual

