

_____ Entry Form ___

To be completed by PTA before distribution.					
Local PTA Local PTA ID					
Local Program Chair	ogram Chair Email		Phone		
Council PTA Distr	ict PTA Region PT/		State PTA		
Member Dues Paid Date	Insurance Paid Date		Bylaws Approval Date		
Student Name		Grade	Age	Classroom	
Parent/Guardian Name		Ema	il	Phone	
Mailing Address		City		State	Zip
Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules.					
Student Signature	Parent/Guardian Signature				
Grade Division (Check One) ☐ Primary (Pre-K-Grade 2) ☐ Intermediate (Grades (3-5)) ☐ Middle School (Grades 6-8) ☐ High School (Grades 9-12) ☐ Special Artist (All Grades)	Arts Category (Check O Dance Choreography Film Production Literature Music Composition Photography Visual Arts	ne)			
Title of Work		_ Details			

If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.

Artist Statement (In 10 to 100 words, describe your work and how it relates to the theme)