



ENTRY FORM Region #____ Council_____

To be completed by PTA before distri	bution.					
PTA Name	PTA	ID# (8 Digits)				
REFLECTIONS CHAIR NAME	EMAIL			PHONE		
PTA ADDRESS		COUNCIL			REGION #	
DATE MEMBERSHIP PAID	DATE INSURANCE PAID	E PAIDBYLAWS EXPIRATION DATE				
STUDENT NAME		GRADE	AGE	TEACHE	R	
PARENT/GUARDIAN NAME		EMAIL		PHONE		
MAILING ADDRESS		CITY	ST.	ATE	TE 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-Red (Pre-K-Grade 2) □ INTERMEDIATE-Yellow (Grades (3-5) □ MIDDLE SCHOOL-Green (Grades 6-8) □ HIGH SCHOOL-Blue (Grades 9-12) □ SPECIAL ARTIST-Orange (All Grades)			E	□ PH0 □ 2D	☐ PHOTOGRAPHY ☐ 2D VISUAL ARTS ☐ 3D VISUAL ARTS	
	DETAILS					
If background music is used in musician(s) or instrumentation	• •	•			c ure . List	
ARTIST STATEMENT (In 10 to	100 words, describe you	ur work and l	how it relates to	the theme	e)	

