

PTA Reflections Student Submission Entry Form

This section to be completed by PTA before distribution.

LOCAL PTA Bedford Middle School LOCAL PTA ID 00005966
LOCAL PROGRAM CHAIR K. Mani EMAIL BMSPTAReflections@gmail.com PHONE --
COUNCIL PTA _____ DISTRICT PTA Westport REGION PTA 4
STATE PTA CT
MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

STUDENT NAME _____ GRADE _____ AGE _____

CLASSROOM _____

PARENT/GUARDIAN NAME(S) _____

EMAIL _____

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 One)

- DANCE CHOREOGRAPHY
- FILM PRODUCTION
- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS

TITLE OF ARTWORK _____

