



To be completed by PTA before distribution: PTA LEADER NAME			DEADLINE FOR ENTRY:		
			TEACHE	R/ROOM #:	
EMAIL					
LOCAL PTA NAME					
NATIONAL 8-DIGIT ID #	STATE ID #				
COUNCIL PTA	DISTRICT PTA				
REGION PTA	STATE PTA				
MEMBER DUES PAID DATE INSURA					
Register d	nt PTA.org/Reflections				
STUDENT NAME		GRADE	AGE_	M/F	
PARENT/GUARDIAN NAME	E	MAIL	PH	ONE	
MAILING ADDRESS	c	ІТҮ	ST	ATE ZIP	·
Ownership in any submission shall re					
permission and consent that PTA ma		-			
works for PTA purposes. PTA is not i	responsible for lost or damaged	entries. Submission o	f entry into t	he PTA Reflection	s program
constitutes acceptance of all rules and	d conditions. I agree to the abov	e statement and the N	ational PTA R	eflections Official	Rules.
STUDENT SIGNATURE:	PARENT/LI	EGAL GUARDIAN SIGN	ATURE:		
GRADE DIVISION (Check One)		ARTS CATEGORY (C)	neck One)		
□ PRIMARY (Preschool- Grade 2) □] HIGH SCHOOL (Grades 9-12)	DANCE CHOREO			POSITION
□ INTERMEDIATE (Grades 3-5) □] SPECIAL ARTIST (All Grades)		DN	□ PHOTOGRAP	ΉY
□ MIDDLE SCHOOL (Grades 6-8)		□ LITERATURE			
TITLE OF ARTWORK					
ARTWORK DETAILS (Dance/Film: cite	background music; Music: musi	cian(s)/instrumentatio	on; Literature:	word count; Phot	to/Visual

Arts: materials & dimensions) _____

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme)