

ENTRY FORM

To be completed by PTA before distributio	n.				
REGION:	NYS PTA Unit Code:				
OFFICIAL PTA/PTA NAME	NATIONAL PTA 8-DIGIT ID NUMBER				
REFLECTIONS CHAIR NAME	PHONE		EMAIL		
CITY	STATE:		ZIP:		
MEMBER DUES PAID DATE	INSURANCE PAID DATE	BYLAWS APP	ROVAL DATE		
STUDENT NAME	GRADE	AGE	CLASSRO	ОМ	
PARENT/GUARDIAN NAME	EMAIL		PHONE		
MAILING ADDRESS	CITY	S1		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.

PARENT/GUARDIAN SIGNATURE

GRADE DIVISION (Check One)	ARTS CATEGORY (Check One)
PRIMARY (Pre-K-Grade 2)	□ DANCE CHOREOGRAPHY
□ INTERMEDIATE (Grades (3-5)	□ FILM PRODUCTION
□ MIDDLE SCHOOL (Grades 6-8)	
□ HIGH SCHOOL (Grades 9-12)	□ MUSIC COMPOSITION
SPECIAL ARTIST (All Grades)	□ PHOTOGRAPHY

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)

