

To be completed by PTA be	fore distribution.				
Local PTA		Local PTA IE)		
Local Program Chair		Email		Phone	
Council PTA	District PTA	Region PT/	۹	State PTA	
Member Dues Paid Date	Ins	surance Paid Date		_ Bylaws Approval Date	
Student Name		Grade	Age	Classroom	
Parent/Guardian Name			Email	Phone	
Mailing Address			City	State	Zip
Ownership in any submission	shall remain the prop	erty of the entrant but entr	v into this pr	ogram constitutes entrant ⁴	s irrevocable

itry into e property (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 ____

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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)	Literature	
High School (Grades 9-12)	Music Composition	
Special Artist (All Grades)	Photography	
	Visual Arts	
Title of Work	Detail	s

If background music is used in dance/#lm, 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)