PTA Reflections Student Submission Entry Form

LOCAL PTA LOCAL PROGRAM CHAIR			A ID	
	EMAIL			
COLINCII PTA			PHONE_	
COUNCIL F IA	DISTRICT PTA	REGION PTA_	REGION PTA	
STATE PTA				
MEMBER DUES PAID DATE	INSURANCE PAID DA	ATE BYLAW	VS APPROVAL	. DATE
STUDENT NAME		GRA	DE	_ AGE
PARENT/GUARDIAN NAM	IE(S)			
EMAIL	PHONE			
MAILING ADDRESS				
СІТҮ	STATE	z	ΊΡ	
Ownership in any submission constitutes entrant's irrevocal enhance, print, sublicense, puresponsible for lost or damagonstitutes acceptance of all ipper Reflections Official Rules.	ble permission and consublish, distribute and creed entries. Submission crules and conditions. I ac	ent that PTA may dispondered that PTA may dispondered that PTA Report of entry into the PTA Report of the above states	olay, copy, i or PTA purp eflections p ement and	reproduce, poses. PTA is no program the National
STUDENT SIGNATURE (Re	quired.)			
PARENT/GUARDIAN SIGN	IATURE (Required.)			
GRADE DIVISION (Check (□ PRIMARY (Pre-K-Grade 2 □ INTERMEDIATE (Grades (□ MIDDLE SCHOOL (Grade) (3-5)	ARTS CATEGORY □ DANCE CHOREC □ FILM PRODUCTI □ LITERATURE	OGRAPHY	
□ HIGH SCHOOL (Grades 9	9-12)	☐ MUSIC COMPOS		
□ ACCESSIBLE ARTS (All Gr	rades)	☐ PHOTOGRAPHY ☐ VISUAL ARTS		



