



National PTA Reflections® Program
Student Entry Form
 2014-15 Theme: *The world would be a better place if...*



NOTE: Reflections entries due to Crone office no later than Monday, October 6th.

State _____ Region _____ District _____ Council _____

ENTRY INFORMATION

Teacher/Room # _____

GRADE DIVISION (Check One)

ARTS CATEGORY (Check One)

IF NECESSARY:

- | | | |
|-------------------------------------------------------|---------------------------------------------|--------------------------|
| <input type="checkbox"/> PRIMARY (Preschool- Grade 2) | <input type="checkbox"/> DANCE CHOREOGRAPHY | ART- |
| <input type="checkbox"/> INTERMEDIATE (Grades 3-5) | <input type="checkbox"/> FILM PRODUCTION | <input type="checkbox"/> |
| <input type="checkbox"/> MIDDLE SCHOOL (Grades 6-8) | <input type="checkbox"/> LITERATURE | |
| <input type="checkbox"/> HIGH SCHOOL (Grades 9-12) | <input type="checkbox"/> MUSIC COMPOSITION | |
| <input type="checkbox"/> SPECIAL ARTIST (All Grades) | <input type="checkbox"/> PHOTOGRAPHY | |
| <input type="checkbox"/> VISUAL ARTS | | |

TITLE OF ARTWORK (Required) : _____

ARTIST STATEMENT (Required) : (At least 10 words, 100 words max describing how your work relates to the theme)

STUDENT'S FULL NAME: _____ GRADE: _____ AGE: _____ M/F: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN PHONE: _____ E-MAIL: _____

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.

Signature of student

Signature of parent/legal guardian (necessary if child is under 18 years)

PTA INFORMATION (To be completed by PTA before distribution)

__PTA __PTSA

PTA NAME: _____ 8-DIGIT NATIONAL PTA ID NUMBER _____

REFLECTIONS CHAIR NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE: _____

Local PTA good standing status:

Membership dues paid date __/__/__ Insurance paid date __/__/__ Bylaws approval date __/__/__