

## National PTA® Reflections Student Entry Form



To be completed by PTA	A before distribution	
FULL PTA NAME: COUNCIL DIST	RICT	STATE
PTA/PTSA: STATE 8 DIGIT ID	) #	
REFLECTIONS CHAIR NAME:	EMAIL:	
PTA ADDRESS:	PHONE:	
Local PTA good standing status:   Membership dues paid date   Insurance paid date	te 🗆 Bylaws approva	al date
STUDENT NAME:	GRADE:	AGE: M/F:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PARENT/GUARDIAN NAME(S):		
PARENT/GUARDIAN PHONE:	E-MAIL:	
Signature of student Signature of Signature	f parent/legal guardian (required	if child is under 18 years)
JUDGING INFO	PRMATION	
GRADE DIVISION (Check One)	ARTS CATEGORY (Check One)	
☐ PRIMARY (Preschool- Grade 2) ☐ HIGH SCHOOL (Grades 9-12) ☐ INTERMEDIATE (Grades 3-5) ☐ SPECIAL ARTIST (All Grades) ☐ MIDDLE SCHOOL (Grades 6-8)	☐ DANCE CHOREOGRAPHY	<ul><li>☐ MUSIC COMPOSITION</li><li>☐ PHOTOGRAPHY</li><li>☐ VISUAL ARTS</li></ul>
TITLE OF ARTWORK:		
ARTWORK DETAILS: (Dance/Film: cite background music; Music: mu Arts: materials & dimensions)		
ARTIST STATEMENT: (At least 10 words, 100 words max describing h		