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

State_____ **Region** _____**District** _____**Council** _____

ENTRY INFORMATION **Teacher/Room #**_____

GRADE DIVISION (Check One)

☐ PRIMARY (Preschool- Grade 2)
☐ INTERMEDIATE (Grades 3-5)
☐ MIDDLE SCHOOL (Grades 6-8)
☐ HIGH SCHOOL (Grades 9-12)
☐ SPECIAL ARTIST (All Grades)

ARTS CATEGORY (Check One)

☐ DANCE CHOREOGRAPHY
☐ FILM PRODUCTION
☐ LITERATURE
☐ MUSIC COMPOSITION
☐ PHOTOGRAPHY
☐ VISUAL ARTS

IF NECESSARY:
ART-WORK DIMENSIONS / COPYRIGHT INFO**.**

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 __/__/__