

2015–2016 PTA Reflections Program | STUDENT ENTRY FORM Let Your Imagination Fly

	For Local PTA	-			
Local PTA Contact Name: Membership Verified by:			Email:		
Local PTA must attain Active Status with	For Council PTA/F Texas PTA by October 31 st		□Board I	Member In	formation on File
Please type or print clearly in black or bluneded, please continue onto					
Please submit your entr	ry and this form to your PT	ΓA by:			
STUDENT NAME:		GRAD	E: A	.GE:	_ M/F:
MAILING ADDRESS:					
CITY:		STATE: _		ZIP: _	
PARENT/GUARDIAN NAME(S):					
PARENT/GUARDIAN PHONE:		E-MAIL: _			
SCHOOL NAME:	SCHOOL DISTRICT:				
TEACHER NAME:	TEACHER EMAIL:				
Ownership in any submission shall remain the proper may display, copy, reproduce, enhance, print, sublice entries. Submission of entry into the PTA Reflections	rty of the entrant, but entry into nse, publish, distribute and creat	☐ I, this program constitutes en e derivative works for PTA p	/We need to j	oin our Loc	al PTA and consent that PTA
Signature of student	Signature o	f parent/legal guardia	n (required if	child is und	der 18 years)
	JUDGING INFO	RMATION			
☐ MIDDLE SCHOOL (Grades 6-8) *Please refer to the Special Artist Guidelines if you be Special Artist entrants should select both their grade	CIAL ARTIST* (All Grades) elieve your entry qualifies for this division and the Special Artist box	х.	GRAPHY DN	□ PHOT	C COMPOSITION OGRAPHY L ARTS
TITLE OF ARTWORK (REQUIRED):					
ARTWORK DETAILS: (Dance/Film: cite back Arts: materials & dimensions)	_	* *		: word cou	nt; Photo/Visual
ARTIST STATEMENT (REQUIRED): State	ment must be 10- 100	words describing h	ow your wo	ork relates	to the theme.