

This section to be completed by PTA before distribution.

LOCAL PTA _____ LOCAL PTA Number _____
 LOCAL PROGRAM CHAIR _____ EMAIL _____ PHONE _____
 COUNCIL PTA Lake Washington PTSA Council 2.8 COUNCIL CHAIR EMAIL Reflections@LWPTSA.net Region 2 WSPTA
 -----Local PTA leader to fill in: -----
 MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

WSPTA Only — Reflections Student Submission Entry Form

STUDENT NAME _____ **GRADE** _____ **AGE** _____ **CLASSROOM** _____

PARENT/GUARDIAN NAME(S) _____

EMAIL _____ **PHONE** _____

MAILING ADDRESS _____

CITY _____ **STATE** WA **ZIP** _____

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. I agree to the above statement and the National PTA Reflections Official Rules.

STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

GRADE DIVISION (Check One)

- PRIMARY (Pre-K-Grade 2)
- INTERMEDIATE (Grades 3-5)
- MIDDLE SCHOOL (Grades 6-8)
- HIGH SCHOOL (Grades 9-12)
- *SPECIAL ARTIST (PK-5th Grades)
- *SPECIAL ARTIST (6th-12th Grades)

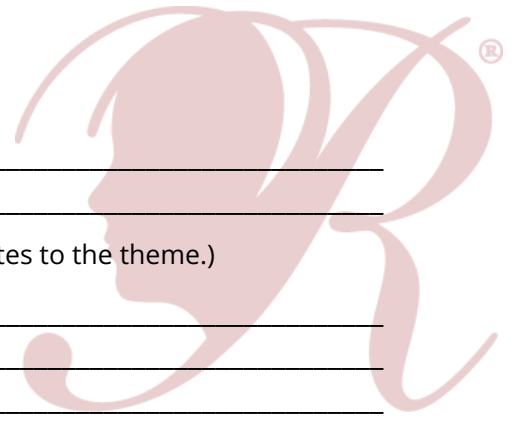
ARTS CATEGORY (Check One)

- DANCE CHOREOGRAPHY
- FILM PRODUCTION
- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS (2D ENTRIES ONLY)

**If your child has 504/IEP or ADA accommodations, they can choose to enter in the Special Artist division.*

TITLE OF ARTWORK _____

DETAILS (If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.)



ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme.)
