



ENTRY FORM

This box is to be completed by PTA before distribution.

PTA LEADER NAME _____ EMAIL _____ PHONE _____

PTA ID _____ PTA NAME _____ STATE Florida

PTA ADDRESS _____ CITY _____ COUNTY _____

FLORIDA MEMBER DUES PAID DATE _____ IRS 990 FILED DATE _____ BYLAWS FLORIDA APPROVAL DATE _____
(Must be paid prior to next level of judging) (Must be filed by 11-15-17) (Must not expire prior to 05-01-18)

PRINT USING INK OR TYPE. DO NOT ABBRIVIATE. COMPLETE EVERY SECTION.

STUDENT NAME _____ GRADE _____ AGE _____ GENDER (optional) _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE Florida 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/LEGAL GUARDIAN SIGNATURE: _____

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

TITLE OF ARTWORK _____

ARTWORK DETAILS (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme. Attach separate paper if needed.)

