

## **National PTA® Reflections**



## Student Entry Form — WASHINGTON 2017-18

MAILING ADDRESS:  CITY:  STATE:  STATE:  ZIP:  PARENT/GUARDIAN NAME(S):  PARENT/GUARDIAN PHONE:  By participating in this program and submitting this application you are allowing WSPTA to use the student information, student image, artwork, and video reco of student at any WSPTA events in all publications that pertain to WSPTA, including but not limited to, posting on the WSPTA website and social media pownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent the many display, copy, reproduce, enhance, print, sublicense, publish, distribute, and create derivative works for PTA purposes. PTA is not responsible for lost or dar entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the Nation Reflections Official Rules.  Signature of student (REQUIRED)  Signature of parent/legal guardian (REQUIRED) if child is under 18 year.  JUDGING INFORMATION (ALL FIELDS REQUIRED)  ARTS CATEGORY (Check One)  PRIMARY (Preschool- Grade 2)   HIGH SCHOOL (Grades 9-12)   DANCE CHOREOGRAPHY   MUSIC COMPOSIT   INTERMEDIATE (Grades 3-5)   SPECIAL ARTIST (All Grades)   FILM PRODUCTION   PHOTOGRAPHY   VISUAL ARTS  TITLE OF ARTWORK: (REQUIRED)  ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Vis Arts: materials & dimensions)	To be completed by PTA Chairperson I	efore distribution	(ALL FIELDS REQU	JIKED)
REFLECTIONS CHAIR NAME: CHAIRPERSON PHONE: CHAIRPERSON PHONE: CHAIRPERSON PHONE: CHAIRPERSON PHONE: CHAIRPERSON PHONE: CHAIRPERSON PHONE: STUDENT INFORMATION (ALL FIELDS REQUIRED EXCEPT WHERE OTHERWISE STATED)  Turn-In Deadline: TEACHER: AGE: M/F (OPTIONAL): TEACHER: AGE: M/F (OPTIONAL): TEACHER: STUDENT NAME: GRADE: AGE: M/F (OPTIONAL): TEACHER: STUDENT NAME: STATE: ZIP: TEACHER: ZIP: TEACHER: STATE: ZIP: TEACHER: STATE: ZIP: TEACHER: STATE: STATE: ZIP: TEACHER: STATE: STA	Non-Council ☐ COUNCIL NAMEREGION	I #	STATE	<del></del>
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Turn-In Deadline: TEACHER:  STUDENT NAME: GRADE: AGE: M/F (OPTIONAL):   MAILING ADDRESS:   CITY: STATE: ZIP:   PARENT/GUARDIAN NAME(S):   PARENT/GUARDIAN PHONE: PARENT E-MAIL:   By participating in this program and submitting this application you are allowing WSP74 to use the student information, student image, artwork, and video recomplished in the program of submitting this program and submitting this program constitutes acceptance of student and social media powership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent the most distribute, ond create derivative works for PTA purposes. PTA is not responsible for lost or dar entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the Notion Reflections Official Rules.  Signature of student (REQUIRED)  Signature of parent/legal guardian (REQUIRED if child is under 18 year ARTS CATEGORY (Check One)  PRIMARY (Preschool- Grade 2)   HIGH SCHOOL (Grades 9-12)   DANCE CHOREOGRAPHY   MUSIC COMPOSIT INTERNEDIATE (Grades 3-5)   SPECIAL ARTIST (All Grades)   FILM PRODUCTION   PHOTOGRAPHY   VISUAL ARTS  TITLE OF ARTWORK: (REQUIRED)  ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions)				
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