



Entry Form WSPTA Only

This section to be completed by PTA before distribution.

LOCAL PTA _____ LOCAL PTA National ID _____

LOCAL PROGRAM CHAIR _____ EMAIL _____ PHONE _____

COUNCIL Lake Washington PTSA Council 2.8 **COUNCIL CHAIR EMAIL** reflections@lwptsa.net **REGION 2** **WA STATE PTA**

MEMBER DUES PAID DATE _____ **INSURANCE PAID DATE** _____ **BYLAWS APPROVAL DATE** _____

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

PARENT/GUARDIAN NAME _____

EMAIL _____ **PHONE** _____

MAILING ADDRESS _____

CITY _____ **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 (K-Grade 2)
- INTERMEDIATE (Grades 3-5)
- MIDDLE SCHOOL (Grades 6-8)
- HIGH SCHOOL (Grades 9-12)
- *SPECIAL ARTIST Elementary (K-5th Grades)
- *SPECIAL ARTIST Secondary (6-12 Grades)

ARTS CATEGORY (Check One)

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

***If your child has a 504 plan or ADA accommodations, they can choose to enter 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)
