

ENTRY FORM

This box is to be completed by PTA before dis	stribution.		
PTA LEADER NAME Kim Richardson	kimcor	n@hotmail.com	_{РНО} б <u>е</u> 46-537-507(
PTA ID <u>00168181</u> _ PTA NAME	Peter B Davidsen Middle School	PTSA	STATE Florida
PTA ADDRESS 10501 Montague St	CITY	Tampa	COUNTY Hillsborough
FLORIDA MEMBER DUES PAID DATE Nov 15, 2019	RS 990 FILED DATE Nov 15, 2019	BYLAWS FLORIDA APF	PROVAL DATE May 14, 2018
(Must be paid prior to next level of judging)	(Must be filed by 11-15-19) (N	lust not expire prior to 05-01-20)
PRINT USING INK OR TYPE	. DO NOT ABBREVI	ATE. COMPLET	ΓΕ EVERY SECTION.
STUDENT NAME	GRAI	DE AGE	GENDER (optional)
PARENT/GUARDIAN NAME	EMA	IL	PHONE
MAILING ADDRESS	CITY		STATE Florida ZIP
Ownership in any submission shall remain the permission and consent that PTA may display works for PTA purposes. PTA is not responsiconstitutes acceptance of all rules and conditions.	y, copy, reproduce, enhance, pi ble for lost or damaged entries ions. I agree to the above stater	rint, sublicense, publish Submission of entry in Thent and the National P	n, distribute and create derivative into the PTA Reflections program PTA Reflections Official Rules.
STUDENT SIGNATURE:	PARENT/LEGA	AL GUARDIAN SIGNATU	JRE:
GRADE DIVISION (Check One)		CATEGORY (Check One	·)
☐ PRIMARY (Preschool- Grade 2) ☐ HIGH S☐ INTERMEDIATE (Grades 3-5) ☐ SPECIA	` _	NCE CHOREOGRAPHY M PRODUCTION	☐ MUSIC COMPOSITION☐ PHOTOGRAPHY
☐ MIDDLE SCHOOL (Grades 6-8)	` _	ERATURE	☐ VISUAL ARTS
TITLE OF ARTWORK			
ARTWORK DETAILS (Dance/Film: cite backgroats: materials & dimensions)			
ARTIST STATEMENT (Must be 10 to 100 word	ls describing your work and how	it relates to the theme	e. Attach separate paper if needed.)
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