

## **ENTRY FORM - WASHINGTON**

		2018	3-2019			
To be completed by PTA before di	stribution.					
LOCAL PTALOCAL PTA ID						
LOCAL PROGRAM CHAIR	EMAIL_			PHONE		
COUNCIL PTA	_ DISTRICT PTA		REGION PTA		STATE PTA _	
MEMBER DUES PAID DATE	INSURANCE	E PAID DATE_		BYLAWS /	APPROVAL DATE_	
STUDENT NAME		GRADE AGE		CLASSROOM		
PARENT/GUARDIAN NAME			EMAIL	PHONE		
MAILING ADDRESS			CITY		STATE	ZIP
permission and consent that PTA works for PTA purposes. PTA is n constitutes acceptance of all rule	ot responsible for lost is and conditions. I agi	or damage ree to the al	d entries. Subm pove statement	ission of ent and the Nat	ry into the PTA I ional PTA Reflec	Reflections program tions Official Rules.
STUDENT SIGNATURE		PAF	RENT/GUARD	DIAN SIGNA	ATURE	
RADE DIVISION (Check One)  AR			TS CATEGORY (Check One)			
☐ PRIMARY (Pre-K-Grade 2	)	DANCE CHOREOGRAPHY				
☐ INTERMEDIATE (Grades	• •					
☐ MIDDLE SCHOOL (Grade	IDDLE SCHOOL (Grades 6-8)					
☐ HIGH SCHOOL (Grades 9	MUSIC COMPOSITION					
☐ SPECIAL ARTIST (All Grad		PHOTOGRAPI	HY			
			/ISUAL ARTS			
TITLE OF WORK	OF WORK DETAILS					
f background music is used musician(s) or instrumenta			-			ture. List
ARTIST STATEMENT (In 10	to 100 words, desc	cribe your	work and ho	w it relate	s to the them	e)

