



Entry Form

To be completed by PTA before distribution.

LOCAL PTA _____ LOCAL PTA ID _____
LOCAL PROGRAM CHAIR Ashley Whitehead EMAIL zchamz1@msn.com PHONE 662-549-7785
COUNCIL PTA Avon Lake DISTRICT PTA 7 REGION PTA _____ STATE PTA Ohio PTA
MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

STUDENT NAME _____ GRADE _____ AGE _____ CLASSROOM _____
PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____
MAILING ADDRESS _____ CITY _____ STATE _____ 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 (Pre-K-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 WORK _____ 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)
