

National PTA® Reflections

Student Entry Form



2015-16 Let Your Imagination Fly!

STUDENT NAME:	GRADE:	AGE: M/F:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PARENT/GUARDIAN NAME(S):		
PARENT/GUARDIAN PHONE:	E-MAIL:	
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.		
Signature of student Signature o	f parent/legal guardian (required	if child is under 18 years)
JUDGING INFORMATION		
GRADE DIVISION (Check One) □ PRIMARY (Preschool- Grade 2) □ HIGH SCHOOL (Grades 9-12) □ INTERMEDIATE (Grades 3-5) □ SPECIAL ARTIST (All Grades) □ MIDDLE SCHOOL (Grades 6-8)	ARTS CATEGORY (Check One) ☐ DANCE CHOREOGRAPHY ☐ FILM PRODUCTION ☐ LITERATURE	☐ MUSIC COMPOSITION☐ PHOTOGRAPHY☐ VISUAL ARTS
TITLE OF ARTWORK:		
ARTWORK DETAILS: (Dance/Film: cite background music; Music: mus		
ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme)		
PTA/PTSA INFORMATION - To be com	pleted by PTA before distribution	i.
SOUTH CAROLINA PTA DISTRICT		
PTA/PTSA SCHOOL NAME: SEVIER MIDDLE REFLECTIONS CHAIR NAME: ANGIE STONE / SURAN REAL CHAIR PHONE: (MOBILE) (HOME)	NATIONAL 8-DIGIT I WE EMAIL: anglestone, 12 SOUNDE GROSS	10#00019687 18@gmail.com gwail.com
PTA ADDRESS: 1000 PIEDMONT PARK FO		19609
Chairs – Verify unit's good standing with your District President or the SCPTA office before advancing entries.		