



National PTA Reflections Program STUDENT ENTRY FORM

2015-2016 - Let Your Imagination Fly

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|---|
| Color Dot: |
| Region: _____ |
| Council: _____ |

| | | |
|--|---|--|
| Male _____ Female _____ Age: _____ Grade: _____ Teacher: _____ Track: _____ <small>If applicable</small> | Check One Only <hr style="width: 80%; margin: 0 auto;"/> Arts Category Dance Choreography Film Production Literature Music Composition Photography Visual Arts (2D & 3D) | Check One Only <hr style="width: 80%; margin: 0 auto;"/> Grade Divisions Primary (Preschool - Grade 2) - RED Intermediate (Grades 3 - 5) - YELLOW Middle School (Grades 6 - 8) - GREEN High School (Grades 9 - 12) - BLUE Special Artist (All Grades) - ORANGE <small>See Special Artist Rules for more information on this category (Reflections Chair: Fill Color Dot above with corresponding color)</small> |
|--|---|--|

PLEASE WRITE LEGIBLY

Student First Name: _____ Student Last Name: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____, UT _____
Street Address City Zip

Parent/Guardian E-mail: _____

Parent/Guardian Phone: _____

Ownership of 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. I affirm that this is my own original work. I understand that the submission of my entry into the Reflections Program constitutes acceptance of the above conditions.

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Full Signature of Student Signature of Parent/Legal Guardian (Required if student is under 18 years)

LOCAL PTA INFO Check one: PTA PTSA 8-Digit PTA ID: _____
(Found on front page of Bylaws)

Local Chair Name: _____ Date Bylaws Expire: _____

PTA/PTSA Name: _____

School Address: _____, UT _____
Street Address City Zip

Local Chair E-Mail: _____

Local Chair Phone: _____