This section to be completed by PTA before distribution.					
LOCAL PTA	LOCAL PTA Nui	mber			
LOCAL PROGRAM CHAIR	EMAIL	PHONE	:		
COUNCIL PTA _Lake Washington PTSA Council 2.8_ COU	JNCIL CHAIR EMAIL	Reflections@LWPTSA.net	Region 2 WSPTA		
Local PTA leader to fill in:					
MEMBER DUES PAID DATE INSURANCE P	AID DATE	_ BYLAWS APPROVAL DATE _			

WSPTA Only — Reflections Student Submission Entry Form

STUDENT NAME			GRADE	AGE	_ CLASSROOM	
PARENT/GUARDIAN NAME(S)						
EMAIL		F	PHONE			
MAILING ADDRESS						
СІТҮ	STATE	WA	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)	ARTS CATEGORY (Check One)			
PRIMARY (Pre-K-Grade 2)	DANCE CHOREOGRAPHY			
INTERMEDIATE (Grades (3-5)	□ FILM PRODUCTION			
□ MIDDLE SCHOOL (Grades 6-8)				
🗆 HIGH SCHOOL (Grades 9-12)	□ MUSIC COMPOSITION			
SPECIAL ARTIST (PK-5 th Grades)	□ PHOTOGRAPHY			
□ *SPECIAL ARTIST (6 th -12 th Grades)	VISUAL ARTS (2D ENTRIES ONLY)			
*If your child has 504/IEP or ADA accommod	ations, they can choose to enter in the Special Artist divisi			

TITLE OF ARTWORK

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.)



