



National PTA® Reflections

Student Entry Form



To be completed by PTA

FULL PTA NAME: COUNCIL __Alexandria__ DISTRICT __Northern Virginia__ REGION __N/A__ STATE __VA__
 PTA/PTSA: __PTA__ NATIONAL 8-DIGIT ID # 00014285 STATE ID # _____
 REFLECTIONS CHAIR NAME: __Karen Ross__ EMAIL: __mvcs.reflections@gmail.com__
 PTA ADDRESS: 2601 Commonwealth Ave. Alexandria VA 22305_ PHONE: _____

Local PTA good standing status:

Membership dues paid date __6/2/15__ Insurance paid date __8/12/15__ Bylaws approval date __11/2011 & 6/2015__

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 of 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 MUSIC COMPOSITION
 FILM PRODUCTION PHOTOGRAPHY
 LITERATURE VISUAL ARTS

TITLE OF ARTWORK: _____

ARTWORK DETAILS: (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme)

