



Entry Form

To be completed by PTA before distribution.

LOCAL PTA ___Mt. Vernon Community School PTA_____ LOCAL PTA ID ___00014285_____

LOCAL PROGRAM CHAIR___Nathalie Simon_____ EMAIL___mvcsreflections@gmail.com_____ PHONE_703-405-1623_____

COUNCIL PTA___Alexandria City___ DISTRICT PTA ___Northern VA_____ REGION PTA___na_____ STATE PTA ___VA_____

MEMBER DUES PAID DATE ___6/28/19_____ INSURANCE PAID DATE___7/21/19_____ BYLAWS APPROVAL DATE___5/16/17_____

STUDENT NAME _____ GRADE _____ AGE _____ CLASSROOM _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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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)
