



# National PTA Reflections Program STUDENT ENTRY FORM

2015-2016 - Let Your Imagination Fly

Color Dot:

Region: \_\_\_\_\_

Council: \_\_\_\_\_

Male _____ Female _____  Age: _____  Grade: _____  Teacher: _____  Track: _____ <small>If applicable</small>	Check One Only _____  Arts Category  Dance Choreography Film Production Literature Music Composition Photography Visual Arts (2D & 3D)	Check One Only _____  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>
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**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.

→ \_\_\_\_\_  
 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: \_\_\_\_\_