



National PTA Reflections® Program Student Entry Process

2012- 2013 THEME: "THE MAGIC OF A MOMENT"

This form can be used by students entering a Local PTA Reflections program or for student winners to gather necessary information for completing the official Online Student Entry Process to advance to the next round in the National PTA Reflections Competition.

Male Female Grade: _____ Age: _____ Date of Birth: ____/____/____	Grade Level (Check one): <input type="checkbox"/> Primary (Preschool – Grade 2) <input type="checkbox"/> Intermediate (Grades 3-5) <input type="checkbox"/> Middle School (Grades 6-8) <input type="checkbox"/> High School (Grades 9-12) <input type="checkbox"/> Special Artist (All grades)	Arts Category (Check one): <input type="checkbox"/> Dance Choreography <input type="checkbox"/> Film Production <input type="checkbox"/> Literature <input type="checkbox"/> Music Composition <input type="checkbox"/> Photography <input type="checkbox"/> Visual Arts
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REQUIRED INFORMATION

Student First Name: _____ **Student Last Name:** _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Email: _____ **Parent/Guardian Phone:** () _____

I grant to PTA an irrevocable, unlimited license to display, copy, sell, sublicense, publish, and create and sell derivative works from, my work submitted for the Reflections Program. PTA is not responsible for lost or damaged works. Entries may not be returned. I understand that I must participate in the Reflections Program through a PTA/PTSA in good standing. 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 (necessary if child is under 18 years)

LOCAL PTA INFO

Check one: ☐ PTA ☐ PTSA

8-digit PTA ID: _____

Local chair name: _____ Official PTA/PTSA name: _____

PTA address: _____ City: _____ State: _____ ZIP: _____

E-mail: _____ Phone: () _____

Local PTA good standing status: ☐ Membership dues paid date __/__/__ ☐ Insurance paid date __/__/__ ☐ Bylaws approval date __/__/__

COUNTY: _____

(See back for arts category questions)