

ALABAMA PTA REFLECTIONS 2017-2018 STUDENT ENTRY FORM





This SECTION is to be completed by PTA before distribution.

PTA LEADER NAME	TITLE	EMAIL		PHONE	
PTA ID	PTA NAME	STATE			
COUNCIL PTA	DISTRICT PTA		REGION PTA		
MEMBER DUES PAID DATE	INSURANCE PAID DATE	BYLAWS APPROVAL DATE			
*STUDENT NAME		*GRADE	*AGE	GENDER (optional)	
*SCHOOL		SCHOOL CITY			
*PARENT/GUARDIAN NAME		*EMAIL		PHONE	
*MAILING ADDRESS					
CITY	STATE	ZIP			
*STUDENT SIGNATURE: *GRADE DIVISION (Check One) PRIMARY (Preschool- Grade INTERMEDIATE (Grades 3-5) MIDDLE SCHOOL (Grades 6-8 *TITLE OF ARTWORK *ARTWORK DETAILS (Dance/File Arts: materials & dimensions)	SPECIAL ARTIST (All Grades)	d entries. Submite statement and flegal GUARE ARTS CATEGO DANCE CHOMING PRO LITERATURATOR sician(s)/instru	ission of entry of the National DIAN SIGNATU ORY (Check O HOREOGRAPH DUCTION RE mentation; Lit	y into the PTA Reflections program al PTA Reflections Official Rules. JRE: ne) Y	

*REQUIRED – artwork will not be judged on the state level if these items are not complete. This form must accompany any entry; attach to the back of visual art and photography entries. please **do not tape all around the form.**