**National PTA Reflections® Program**  
**Student Entry Form**  
**2014-15 Theme:** *The world would be a better place if...*

California State PTA  
District: __________________________  
Council: ________________________________

**ENTRY INFORMATION**

**GRADE DIVISION (Check One)**  
☐ PRIMARY (Preschool- 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

**IF NECESSARY:**  
ART-WORK DIMENSIONS / COPYRIGHT INFO.

**TITLE OF ARTWORK (Required):**

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

**STUDENT INFORMATION**

STUDENT’S FULL NAME: ___________________________________________  
GRADE: _______ AGE: _______ M/F: _______

STREET ADDRESS: ________________________________________________

CITY: ___________________________  
STATE: CA  
ZIP: __________

MAILING ADDRESS (IF DIFFERENT): ________________________________

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 (necessary if child is under 18 years)

**PTA INFORMATION (To be completed by PTA before distribution)**

☐ PTA  
☐ PTSA

PTA NAME: ___________________________________________  
8-DIGIT NATIONAL PTA ID NUMBER ________________________

REFLECTIONS CHAIR NAME: ___________________________  
EMAIL: ________________________________________________

ADDRESS: ___________________________________________  
PHONE: ______________________________________________

Local PTA good standing status:

☐ Membership dues paid date __/__/___  
☐ Insurance paid date __/__/___  
☐ Bylaws approval date __/__/___