

National PTA[®] Reflections



Type or Print, without abbreviations, prior to distribution or posting.			
State FLORIDA County	8-DIGIT NATIONAL PTA ID NUMBER		
FULL PTA/PTSA NAME:			
REFLECTIONS CHAIR NAME:			
EMAIL:PHONE:			
	CI	TY:	ZIP:
Local PTA good standing status: Florida PTA Membership dues paid date// (some memberships must be paid prior to advancement) Bylaws approved by Florida PTA date// (must be approved by Florida PTA on/after June 30, 2013)			
Additional Council Requirements:	County Council Dues paid date/	/ Insurance paid date	_// (if applicable)
		GRADE: AG	GE: M/F:
MAILING ADDRESS:			
СІТҮ:		STATE: FLORIDA	ZIP:
PARENT/GUARDIAN NAME(S): _			
PARENT/GUARDIAN PHONE:	E-M	AIL:	
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 (required) Signature of parent/legal guardian (<i>required if child is under 18 years</i>)			
JUDGING INFORMATION			
GRADE DIVISION (Check One)		ARTS CATEGORY (Check One)	
PRIMARY (Preschool- Grade 2)	□ HIGH SCHOOL (Grades 9-12)		
□ INTERMEDIATE (Grades 3-5)	□ SPECIAL ARTIST (All Grades)		□ PHOTOGRAPHY
□ MIDDLE SCHOOL (Grades 6-8)		□ LITERATURE	□ VISUAL ARTS
ORIGINAL TITLE OF ARTWORK:			
	e background music; Music: musician(count; Photo/Visual Arts: materials

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