

WSPTA only- Reflections Student Submission Entry Form

This section to be completed by PTA before distribution.

LOCAL PTA Clyde Hill Elementary PTA LOCAL PTA Number 2.3.27

LOCAL PROGRAM CHAIR Olga Chigintseva EMAIL Reflections@clydehillpta.org PHONE _____

COUNCIL PTA Bellevue PTSA Council COUNCIL CHAIR EMAIL Reflections@bellevueptsacouncil.com WSPTA

-----Local PTA leader to fill in:-----

MEMBER DUES PAID DATE 6/30/2024 INSURANCE PAID DATE December 2023 STANDING RULES APPROVAL DATE 9/17/2024

STUDENT NAME _____ **GRADE** _____ **AGE** _____ **SCHOOL** _____

PARENT/GUARDIAN NAME(S) _____

EMAIL _____

PHONE _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

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. I agree to the above statement and the National PTA Reflections Official Rules.

STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

GRADE DIVISION (Check One)

- PRIMARY (Pre-K-Grade 2)
- INTERMEDIATE (Grades 3-5)

*ACCESSIBLE ARTS (PK-5th Grades)

ARTS CATEGORY (Check One)

- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS

*if your child has 504/IEP or ADA accommodations, they can choose to enter in the accessible arts division

TITLE OF ARTWORK _____

DETAILS _____ Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.

ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme)
