

ENTRY FORM

This box is to be completed by PTA before distribution.		
PTA LEADER NAME- Donna Nicholson EMAIL- reflections@phhsptsa.c	org PHONE_410-887-5108	
PTA ID 00027154 PTA NAMEPHHS PTSA	STATE _MD	
COUNCIL PTA_Baltimore DISTRICT PTA_Baltimore		
MEMBER DUES PAID DATE10/7/16 INSURANCE PAID DATE9/1	/16 BYLAWS APPROVAL DATE	6/2/15_
STUDENT NAME	GRADE AGE	GENDER (optional)
PARENT/GUARDIAN NAME	EMAIL	PHONE
MAILING ADDRESS	CITY	STATE ZIP
Ownership in any submission shall remain the property of the expermission and consent that PTA may display, copy, reproduce, works for PTA purposes. PTA is not responsible for lost or dame constitutes acceptance of all rules and conditions. I agree to the constitutes acceptance of all rules and conditions.	enhance, print, sublicense, publist aged entries. Submission of entry above statement and the National	h, distribute and create derivative into the PTA Reflections program PTA Reflections Official Rules.
STUDENT SIGNATURE:PAREN	NT/LEGAL GUARDIAN SIGNATURE:	
GRADE DIVISION (Check One) □ PRIMARY (Preschool- Grade 2) □ HIGH SCHOOL (Grades 9-1 □ INTERMEDIATE (Grades 3-5) □ SPECIAL ARTIST (All Grade □ MIDDLE SCHOOL (Grades 6-8)		
TITLE OF ARTWORK		
ARTWORK DETAILS (Dance/Film: cite background music; Music: Arts: materials & dimensions) ARTIST STATEMENT (Must be 10 to 100 words describing your w		

