

GEORGIA PTA Reflections Student Submission Entry Form

This section to be completed by PTA before distribution.

LOCAL PTA _____ LOCAL PTA ID _____

LOCAL CHAIR _____ EMAIL _____ PHONE _____

COUNCIL PTA _____ DISTRICT PTA _____ REGION PTA _____ if applicable

STATE PTA _____ 50073/Georgia _____

MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

STUDENT NAME _____ GRADE _____ AGE _____

PARENT/GUARDIAN NAME(S) _____

EMAIL _____ (print clearly)

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 _____ (type accepted)

PARENT/GUARDIAN SIGNATURE _____ (type accepted)

GRADE DIVISION (Check One)

- PRIMARY (Pre-K-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