



## 2017-2018 PTA Reflections Program: Within Reach STUDENT ENTRY FORM

**The Local PTA MUST verify the membership of the entry prior to advancing to the Council PTA.  
Council PTAs must verify non-complete entries before advancing to state level judging.**

Local PTA Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Membership Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Local PTA must attain Active Status with Texas PTA by October 31<sup>st</sup>

☐ Dues Received

☐ Board Member Information on File

**Please type or print clearly in black or blue ink (do not use pencil).** This form must be completed in its entirety.

If additional space is needed, please continue onto the back or a separate sheet of paper and clearly mark with your full name.

**The student or at least one person from their primary household must be a current member  
of the Local PTA/PTSA where the student is participating. Encourage members to join before judging begins.**

**REQUIRED PTA MEMBER NAME(S):** \_\_\_\_\_ **CHOOSE ONE:** ☐ Current Member. Date Joined: \_\_\_\_\_

☐ Please contact me! We need to join.

The best way to contact me is by: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **M/F:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN NAME(S):** \_\_\_\_\_

**PARENT/GUARDIAN PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_ **SCHOOL DISTRICT:** \_\_\_\_\_

**TEACHER NAME:** \_\_\_\_\_ **TEACHER EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of parent/legal guardian (required if child is under 18 years)

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.

### JUDGING INFORMATION

#### GRADE DIVISION (Check One)

- ☐ PRIMARY (Preschool- Grade 2) ☐ HIGH SCHOOL (Grades 9-12)  
☐ INTERMEDIATE (Grades 3-5) ☐ SPECIAL ARTIST\* (All Grades)  
☐ MIDDLE SCHOOL (Grades 6-8)

#### ARTS CATEGORY (Check One)

- ☐ DANCE CHOREOGRAPHY ☐ MUSIC COMPOSITION  
☐ FILM PRODUCTION ☐ PHOTOGRAPHY  
☐ LITERATURE ☐ VISUAL ARTS

\*Please refer to the Special Artist Guidelines if you believe your entry qualifies for this division.

Special Artist entrants should select both their grade division and the Special Artist box.

**TITLE OF ARTWORK (REQUIRED):** \_\_\_\_\_

**ARTWORK DETAILS:** (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) \_\_\_\_\_

**ARTIST STATEMENT (REQUIRED):** Statement must be 10- 100 words describing how your work relates to the theme.

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