

National PTA Reflections<sup>®</sup> Program Student Entry Form 2022-2023

"Show Your Voice"



	to be completed by Local PTA	before distribution to student	S
FULL LOCAL PTA/PTSA NAME:			
LOCAL PTA/PTSA ADDRESS:			
LOCAL REFLECTIONS CHAIR NAME:			
LOCAL CHAIR EMAIL:	LOCAL CHAIR PHONE:		
NATIONAL 8-DIGIT PTA ID #	COUNCIL	STATE Maryland	PTA in good standing
STUDENT NAME:		GRADE: AGE:	CLASSROOM:
PARENT/GUARDIAN NAME(S):			
PARENT/GUARDIAN PHONE	PARENT/GUAI	RDIAN EMAIL	
MAILING ADDRESS:			
СІТҮ:		STATE:	ZIP:
Ownership in any submission shall r	emain the property of the entran		ionstitutes entrant's
irrevocable permission and consent create derivative works for PTA pur Reflections program constitutes accor Reflections Official Rules.	ooses. PTA is not responsible for	lost or damaged entries. Subm	ission of entry into the PTA
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TITLE OF ARTWORK: (Avoid using the theme as the title)

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

**ARTIST STATEMENT:** (Must be 10 to 100 words describing your work and how it relates to the theme)