



PTA Unit Code:
 10- 319

ENTRY FORM

This box is to be completed by PTA before distribution.

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PTA ID 00017111 PTA NAME Garden City PTA STATE New York

COUNCIL PTA N/A DISTRICT PTA Garden City PTA REGION PTA Nassau Region PTA

MEMBER DUES PAID DATE Oct 2019 INSURANCE PAID DATE June 2019 BYLAWS APPROVAL DATE Oct 2017

Participating artists must complete this entire section.

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 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/LEGAL GUARDIAN SIGNATURE: _____



Required information, continued:

- GRADE DIVISION (Check One)**
- PRIMARY (Preschool- Grade 2)
 - INTERMEDIATE (Grades 3-5)
 - MIDDLE SCHOOL (Grades 6-8)
 - HIGH SCHOOL (Grades 9-12)
 - SPECIAL ARTIST (All Grades)
- See Special Artist category rules for eligibility & accommodations.

- ARTS CATEGORY (Check One)** bit.ly/ReflectionsCategoryRules
- DANCE CHOREOGRAPHY
 - FILM PRODUCTION
 - LITERATURE
 - MUSIC COMPOSITION
 - PHOTOGRAPHY
 - VISUAL ARTS

TITLE OF ARTWORK _____

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

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



Thank you for completing all required information on the entry form.