NATIONAL PTA® REFLECTIONS®

## Entry Form

**To be completed by PTA before distribution.**

**Local PTA** Arlington High School PTSA **Local PTA ID** 17-287

**Local Program Chair** Beth Cardarelli & Jane Zaibek **Email** AHSPTSA01@gmail.com **Phone** 914-299-5508

**Council PTA** Arlington Council of PTSAs **District PTA** Arlington CSD **Region PTA** Taconic Region **State PTA** New York

**Member Dues Paid Date** 10/20/2020 **Insurance Paid Date** 06/30/2020 **Bylaws Approval Date** 04/01/2018

**Student Name** _____ **Grade** _____ **Age** _____ **Classroom** _____

**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/Guardian Signature** _____

**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

**Title of Work** _____ **Details** _____

If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.

**Artist Statement** (In 10 to 100 words, describe your work and how it relates to the theme)