

WSPTA only- Reflections Student Submission Entry Form

This section to be completed by PTA before distribution.

LOCAL PTA Pacific Cascade Middle PTSA 2.6.41 LOCAL PTA Number 02636848
LOCAL PROGRAM CHAIR Reflections Chair EMAIL pcms.ptsaboard@gmail.com PHONE _____
COUNCIL PTA Issaquah COUNCIL CHAIR EMAIL Reflections@IssaquahPTSA.org WSPTA
-----Local PTA leader to fill in:-----
MEMBER DUES PAID DATE 8/2024 INSURANCE PAID DATE 11/2023 STANDING RULES APPROVAL DATE 9/2024

STUDENT NAME _____ GRADE _____ AGE _____ SCHOOL _____

PARENT/GUARDIAN NAME(S) _____

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)
- *ACCESSIBLE ARTS (PK-5th Grades)
- *ACCESSIBLE ARTS (6th-12th Grades)

ARTS CATEGORY (Check One)

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

*if your child has 504/IEP or ADA accommodations, they can choose to enter in the accessible arts division

TITLE OF ARTWORK _____

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)

