



**THE LOCAL (SCHOOL) PTA MUST COMPLETE THIS SECTION BEFORE ADVANCING**

Verify household membership and complete partial or illegible entry forms. CORRECT and COMPLETE CONTACT INFORMATION is VERY important as the entry progresses so the family receives information about possible awards and ceremonies.

School PTA Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Household Membership Verified by: \_\_\_\_\_ Date Member Joined: \_\_\_\_\_

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

PTA has reported at least 20 members to Texas PTA       Board Member Information Reported to Texas PTA

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/NA: \_\_\_\_\_

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

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

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

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

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

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

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.

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

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

**JUDGING INFORMATION**

**GRADE DIVISION (Check One)**

- PRIMARY (Preschool- Grade 2)     HIGH SCHOOL (Grades 9-12)
- INTERMEDIATE (Grades 3-5)     ACCESSIBLE ARTS\* (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 Accessible Arts Guidelines if you believe your entry qualifies for this division. Accessible Arts entrants should select both their grade division and the Accessible Arts box.

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

**ENTRY 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. \*Many times, the artist statement will make a huge difference during judging because this is where you as the artist can explain in your own words, your thoughts and feelings for the piece.

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