



PTA Reflections Art Program 2017-2018 Within Reach

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PTA LEADER NAME _____ EMAIL _____ PHONE _____
PTA ID _____ PTA NAME _____ STATE _____
COUNCIL PTA _____ DISTRICT PTA _____ REGION PTA _____
MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

STUDENT NAME _____ GRADE _____ AGE _____ GENDER (optional) _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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STUDENT SIGNATURE: _____ PARENT/LEGAL GUARDIAN SIGNATURE: _____

GRADE DIVISION (Check One)

- PRIMARY (Preschool- Grade 2) HIGH SCHOOL (Grades 9-12)
 INTERMEDIATE (Grades 3-5) SPECIAL ARTIST (All Grades)
 MIDDLE SCHOOL (Grades 6-8)

ARTS CATEGORY (Check One)

- DANCE CHOREOGRAPHY MUSIC COMPOSITION
 FILM PRODUCTION PHOTOGRAPHY
 LITERATURE 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)
