PTA REFLECTIONS

ENTRY FORM

To be completed by PTA before distribution.

LOCAL PTA Prairie Elementary LOCAL PTA ID 0 0 0 0 4 5 1 1

LOCAL PROGRAM CHAIR Kathryn Marsh EMAIL Kathryn_marsh@yahoo.com PHONE (816) 813-1255

COUNCIL PTA_SMAC_____ DISTRICT PTA_SMAC_____ REGION PTA_N/A_____ STATE PTA _KANSAS_____

MEMBER DUES PAID DATE 08/28/2019 *INSURANCE PAID DATE* 06/03/2019 *BYLAWS APPROVAL DATE* 04/16/2019

STUDENT NAME _____ GRADE _____ AGE _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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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)

_____

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