

Please complete Consent Form too (side B) so we can exhibit your piece.



Room # _____ Teacher: _____

ENTRY FORM

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

This box is to be completed by PTA before distribution.

PTA LEADER NAME Michele Czernik EMAIL reflectionschair1@mwpta.org PHONE 310-600-8133

PTA ID 00006339 PTA NAME Mt. Washington Elementary PTA STATE CA

COUNCIL PTA Highlands DISTRICT PTA 10th REGION PTA California

MEMBER DUES PAID DATE Sept. 2017 INSURANCE PAID DATE Nov. 2017 BYLAWS APPROVAL DATE 6/12

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)
 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). See the list of questions to consider on Rules page. Use separate page if necessary.



Student will participate as a maker for the REFLECTIONS KIDS MADE booth on Friday, Dec. 8 Yes No
Student will read aloud/perform piece at the REFLECTIONS ART SHOWCASE on Friday Dec. 8. Yes No

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REFLECTIONS