**National PTA Reflections® Program**

**Student Entry Form**

**2016-17 “What is your Story?”**

**California State PTA District: Sixth District**

**Council: Cupertino Fremont Sunnyvale Council**

**ENTRY INFORMATION**

**GRADE DIVISION (Check One) ARTS CATEGORY (Check One)**

**IF NECESSARY:**

 PRIMARY (Preschool- Grade 2)  DANCE CHOREOGRAPHY ART-WORK DIMENSIONS / COPYRIGHT INFO**.**

 INTERMEDIATE (Grades 3-5)  FILM PRODUCTION

 MIDDLE SCHOOL (Grades 6-8)  LITERATURE

 HIGH SCHOOL (Grades 9-12)  MUSIC COMPOSITION

 SPECIAL ARTIST (All Grades)  PHOTOGRAPHY

 VISUAL ARTS

**TITLE OF ARTWORK (Required) : ARTIST STATEMENT (Required) :** (At least 10 words, 100 words max describing how your work relates to the theme)

**STUDENT INFORMATION**

STUDENT’S FULL NAME: GRADE: AGE:\_ M/F:

STREET ADDRESS:

CITY:

STATE: **CA** ZIP:

MAILING ADDRESS (IF DIFFERENT): \_

PARENT/GUARDIAN NAME(S):

PARENT/GUARDIAN PHONE: E-MAIL:

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant’s ir revocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create deri vative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Refle ctions program constitutes acceptance of all rules and conditions.

Signature of student Signature of parent/legal guardian *(necessary if child is under 18 years)*

**PTA INFORMATION *(To be completed by PTA before distribution)* PTA \_xx\_PTSA**

PTA NAME: Monta Vista PTSA

8-DIGIT NATIONAL PTA ID NUMBER\_ 00008805

REFLECTIONS CHAIR NAME: Simy Taneja EMAIL: reflections@montavistaptsa.org

ADDRESS: 21840 McClellan Road, Cupertino CA 95014

**Local PTA good standing status:**

PHONE: 408-250-1603

Membership dues paid date **/ /**

 Insurance paid date **/ /**

 Bylaws approval date **/ /**