This section to be completed by PTA before		hau	
LOCAL PTALOCAL PROGRAM CHAIR	FMAIL	PHONE	
COUNCIL PTA _Lake Washington PTSA Co	ouncil 2.8_ COUNCIL CHAIR EMAIL R	<u>leflections@LWPTSA.net</u> Region 2 WA State	
	I ocal PTA leader to fill in:		
WSPTA MEMBER DUES PAID DATE	INSURANCE PAID DATE	BYLAWS APPROVAL DATE	
WSPTA Only — Re	flections Student Subr	mission Entry Form	
STUDENT NAME	GRADE AG	iE CLASSROOM	
PARENT/GUARDIAN NAME(S)			
EMAIL	PHONE		
MAILING ADDRESS			
CITYST	ATEWA ZIP		
•	and create derivative works for PT of entry into the PTA Reflections	TA purposes. PTA is not responsible for program constitutes acceptance of all	
STUDENT SIGNATURE			
PARENT/GUARDIAN SIGNATU	RE		
GRADE DIVISION (Check One)	ARTS CATEGOR	RY (Check One)	
□ PRIMARY (Pre-K-Grade 2)	□ DANCE CHOR	□ DANCE CHOREOGRAPHY	
□ INTERMEDIATE (Grades (3-5)	□ FILM PRODUC	□ FILM PRODUCTION	
□ MIDDLE SCHOOL (Grades 6-8)	□ LITERATURE	□ LITERATURE	
□ HIGH SCHOOL (Grades 9-12)	□ MUSIC COMP	□ MUSIC COMPOSITION	
□ *SPECIAL ARTIST (PK-5 th Grades)	□ PHOTOGRAPH	ΗY	
□ *SPECIAL ARTIST (6 th -12 th Grades)	□ VISUAL ARTS ((2D ENTRIES ONLY)	
*If your child has 504/IEP or ADA acco	ommodations, they can choose to	enter in the Special Artist division.	
TITLE OF ARTWORK			
DETAILS (If background music is used List musician(s) or instrumentation fo	d in dance/film, citation is require	d. Include word count for literature.	





