

National PTA® Reflections Student Entry Form - WASHINGTON



To be completed by PTA before distribution (ALL FIELDS REQUIRED)				
Non-Council COUNCIL Saquah PTS PTA/PTSA: Cascade Ridge PTSA 2.6.2 REFLECTIONS CHAIR NAME: Ripal Shar PTA ADDRESS: 1304 S Fawcett Ave Ste	NATIONAL 8-DIGI	T ID # 00195529 ST	TATE ID # 0206002	
Local PTA good standing status: ☐ Membership dues paid date				
	STUDENT INFORMATION (A	ALL FIELDS REQUIRED)		
Turn-In Deadline:	TE	TEACHER:		
STUDENT NAME:		GRADE:	AGE: M/F:	
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
PARENT/GUARDIAN NAME(S):				
PARENT/GUARDIAN PHONE: E-MAIL:				
Ownership in any submission shall rema permission and consent that PTA may di works for PTA purposes. PTA is not resp constitutes acceptance of all rules and co	splay, copy, reproduce, enha consible for lost or damaged	ance, print, sublicense, publish, d	listribute and create derivative	
Signature of student (requi	_	f parent/legal guardian (required		
JUDGING INFORMATION (ALL FIELDS REQUIRED)				
GRADE DIVISION (Check One) □ PRIMARY (Preschool- Grade 2) □ HI □ INTERMEDIATE (Grades 3-5) □ SF □ MIDDLE SCHOOL (Grades 6-8)		ARTS CATEGORY (Check One) ☐ DANCE CHOREOGRAPHY ☐ FILM PRODUCTION ☐ LITERATURE		
TITLE OF ARTWORK:				
ARTWORK DETAILS: (Dance/Film: cite ba Arts: materials & dimensions)			re: word count; Photo/Visual	
ARTIST STATEMENT: (At least 10 words, 100 words max describing how your work relates to the theme - use a separate page if necessary)				