

National PTA[®] Reflections

Student Entry Form – WASHINGTON



2017-18

To be completed by PTA Chairpe	rson before distribution (Al	L FIELDS REQ	UIRED)
Non-Council COUNCIL NAME Issaquah PTSA Council RI	EGION #	STATE_W	A
PTA NAME: Cascade Ridge PTSA 2.6.2 NATIONAL 8-DIGIT ID # 00195529 STATE ID #			
REFLECTIONS CHAIR NAME: Pavithra Madhu EMAIL: reflections@cascaderidgeptsa.org			
PTA ADDRESS: 1304 S Fawcett Ave Ste 300, Tacoma, WA 98402	-1911 CHAIRPERSO	N PHONE: (42	25) 770-8833
LOCAL PTA PARTICIPATION ELIGIBILITY FOR REFL	ECTIONS WILL BE VERIFIED AS	NEEDED BY WS	SPTA
STUDENT INFORMATION (ALL FIELD	S REQUIRED EXCEPT WHER	E OTHERWISE	STATED)
Turn-In Deadline: November 3, 2017	TEACHER:		
STUDENT NAME:	GRADE:	AGE:	M/F (OPTIONAL):
MAILING ADDRESS:			
СІТУ:		rf:	7IP:
PARENT/GUARDIAN NAME(S):			
PARENT/GUARDIAN PHONE:	T/GUARDIAN PHONE: PARENT E-MAIL:		
By participating in this program and submitting this application you are al			
may display, copy, reproduce, enhance, print, sublicense, publish, distribute entries. Submission of entry into the PTA Reflections program constitutes of Reflections Official Rules.	acceptance of all rules and condition	ons. I agree to the	e above statement and the National PTA
Signature of student (REQUIRED) Sig	nature of parent/legal gua	rdian (REQUII	RED if child is under 18 years)
JUDGING INFORM	IATION (ALL FIELDS REQUI	RED)	
GRADE DIVISION (Check One)	ARTS CATEGOR	f (Che <mark>ck One)</mark>	
PRIMARY (Preschool- Grade 2) HIGH SCHOOL (Grade	,		
□ INTERMEDIATE (Grades 3-5) □ SPECIAL ARTIST (All G		CTION	□ PHOTOGRAPHY
□ MIDDLE SCHOOL (Grades 6-8)	□ LITERATURE		
TITLE OF ARTWORK: (REQUIRED)			
ARTWORK DETAILS: (Dance/Film: cite background music; M Arts: materials & dimensions)			ture: word count; Photo/Visual
ARTIST STATEMENT: (REQUIRED – 10 words minimum, 100 separate page if necessary)	words maximum describing l	now your worl	< relates to the theme – use a