

ENTRY FORM - WASHINGTON

2018-2019 To be completed by PTA before distribution. LOCAL PTA Cascade View 2.18.7

LOCAL PROGRAM CHAIR Amanda Peterson

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EMAIL petersongohuskies@comcast.net PHONE 425-466-4262 COUNCIL PTA SVPTA 2.18 DISTRICT PTA SVSD 17410 REGION PTA 2 STATE PTA WSPTA MEMBER DUES PAID DATE 10/24/18 INSURANCE PAID DATE 10/30/18 BYLAWS APPROVAL DATE 8/23/18 STUDENT NAME _____ GRADE ____ AGE ____ CLASSROOM _____ PARENT/GUARDIAN NAME _____EMAIL ___PHONE ____

MAILING ADDRESS _____CITY ___STATE ___ZIP ____ Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules. STUDENT SIGNATURE ______PARENT/GUARDIAN SIGNATURE _____ **GRADE DIVISION (Check One)** ARTS CATEGORY (Check One) ☐ PRIMARY (Pre-K-Grade 2) ☐ DANCE CHOREOGRAPHY ☐ INTERMEDIATE (Grades (3-5) ☐ MIDDLE SCHOOL (Grades 6-8) ☐ LITERATURE ☐ HIGH SCHOOL (Grades 9-12) ☐ SPECIAL ARTIST (All Grades) ☐ PHOTOGRAPHY ☐ VISUAL ARTS TITLE OF WORK ___ ______DETAILS _____ If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts. ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme)

