



To be completed by PTA before distribution		
OFFICIAL PTA NAME: COUNCIL:	DISTRICT #:	STATE: <b>CALIFORNIA</b>
OFFICIAL PTA/PTSA NAME:	NATIONAL 8-DIGIT ID #	
REFLECTIONS CHAIR NAME:	EMAIL:	
PTA ADDRESS:	EMAIL: PHONE:	
Local PTA good standing status:	date 🗆 Bylaws app	roval date
STUDENT NAME:	GRADE:	AGE: M/F:
MAILING ADDRESS:		
сіту:	STATE:	ZIP:
PARENT/GUARDIAN NAME(S):		
PARENT/GUARDIAN PHONE:	E-MAIL:	
Signature of student Signatu	re of parent/legal guardian ( <i>requi</i> i	red if child is under 18 years)
JUDGING INFORMATION		
GRADE DIVISION (Check One)   PRIMARY (Preschool- Grade 2)   INTERMEDIATE (Grades 3-5)   SPECIAL ARTIST (All Grades 6-8)		
TITLE OF ARTWORK:		
ARTWORK DETAILS: (Dance/Film: cite background music; Music: Arts: materials & dimensions)		
ARTIST STATEMENT: (At least 10 words, 100 words max describi	ng how your work relates to the th	eme)