



# ENTRY FORM

**This box is to be completed by PTA before distribution.**

PTA LEADER NAME - Wendy Lehroff      EMAIL [SOCEsArt@gmail.com](mailto:SOCEsArt@gmail.com)      PHONE \_\_\_\_\_

PTA - ID00347092      PTA NAME - Sherman Oaks Center for Enriched Studies PTSA      STATE - CA

COUNCIL PTA - LOS ROBLES      DISTRICT PTA 31<sup>st</sup> District PTSA      REGION PTA - CAPTA

MEMBER DUES PAID DATE 10-3-2017      INSURANCE PAID DATE 10-3-2017      BYLAWS APPROVAL DATE      5-5-2017

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (optional) \_\_\_\_\_

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/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

**GRADE DIVISION** (Check One)

- PRIMARY (Preschool- Grade 2)
- INTERMEDIATE (Grades 3-5)
- MIDDLE SCHOOL (Grades 6-8)
- HIGH SCHOOL (Grades 9-12)
- SPECIAL ARTIST (All Grades)

**ARTS CATEGORY** (Check One)

- DANCE CHOREOGRAPHY
- FILM PRODUCTION
- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS

TITLE OF ARTWORK \_\_\_\_\_

**ARTWORK DETAILS** (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) \_\_\_\_\_

**ARTIST STATEMENT** (Must be 10 to 100 words describing your work and how it relates to the theme)

---



---



---



---



---