



Entry Form

To be completed by PTA before distribution.

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 LOCAL PROGRAM CHAIR BHAVANA JAIN EMAIL mbereflections@gmail.com PHONE 510-260-6540
 COUNCIL PTA Broward County DISTRICT PTA _____ REGION PTA _____ STATE PTA _____
 MEMBER DUES PAID DATE _____ INSURANCE PAID DATE _____ BYLAWS APPROVAL DATE _____

STUDENT NAME _____ GRADE _____ AGE _____ CLASSROOM _____
 PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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STUDENT SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

GRADE DIVISION (Check One)

- PRIMARY (Pre-K-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 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)
