

## **ENTRY FORM**

This box is to be completed by PTA before distribution.					
	nifer Barlow   EMAIL_jenrbarlow@verizon.net				
	8_ PTA NAME_Bells Mill Elementary School PTA				
COUNCIL PTA MCCPTA DISTRICT PTA					
MEMBER DUES PAID DATE 10/1/2017 INSURANCE PAIL	D DATE 7/1/2017	BYLAWS APPR	OVAL DATE 3/7	7/2017	
STUDENT NAME	GRADE	AGE	GENDER (opt	ional)	
ARENT/GUARDIAN NAMEEMAI					
MAILING ADDRESS	CITY		STATE	ZIP	
permission and consent that PTA may display, copy, repro works for PTA purposes. PTA is not responsible for lost or constitutes acceptance of all rules and conditions. I agree to	damaged entries. Sul the above statement	bmission of entry and the National	into the PTA R PTA Reflections	eflections progro Official Rules.	
☐ PRIMARY (Preschool- Grade 2) ☐ HIGH SCHOOL (Grad INTERMEDIATE (Grades 3-5) ☐ SPECIAL ARTIST (All 0 MIDDLE SCHOOL (Grades 6-8)	es 9-12)	RODUCTION	/ □ MUS	SIC COMPOSITIO TOGRAPHY IAL ARTS	
TITLE OF ARTWORK	lusic: musician(s)/instr		rature: word cou	unt; Photo/Visua	
ARTIST STATEMENT (Must be 10 to 100 words describing y	our work and how it re	elates to the then	ne)		

