

## **National PTA® Reflections**



## Student Entry Form - Arizona

To be completed by PTA before dis	tribution (ALL FIELDS REQUIRED)	
PTA/PTSA:NATIONAL 8-DIGI	T ID # REG	ION
REFLECTIONS CHAIR NAME:		
PTA ADDRESS:	PHONE:	
Local PTA good standing status:		
☐ Membership dues paidYN ☐ Insurance paidY	N ☐ All Board Officers Traine	ed? Y N
STUDENT INFORMATION (	ALL FIELDS REQUIRED)	
Turn-In Deadline: TE	TEACHER:	
STUDENT NAME:	GRADE:	AGE: M/F:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PARENT/GUARDIAN NAME(S):		
PARENT/GUARDIAN PHONE:	F-MAII ·	
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Ownership in any submission shall remain the property of the entra permission and consent that PTA may display, copy, reproduce, enh works for PTA purposes. PTA is not responsible for lost or damaged	nance, print, sublicense, publish, di	stribute and create derivative
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Ownership in any submission shall remain the property of the entra permission and consent that PTA may display, copy, reproduce, enh works for PTA purposes. PTA is not responsible for lost or damaged constitutes acceptance of all rules and conditions.  Signature of student (required)  Signature of Signature of JUDGING INFORMATION (GRADE DIVISION (Check One)  PRIMARY (Preschool- Grade 2)	nance, print, sublicense, publish, did entries. Submission of entry into of parent/legal guardian (required of parent))	stribute and create derivative the PTA Reflections program  if child is under 18 years)   MUSIC COMPOSITION
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