



# Entry Form

*To be completed by PTA before distribution.*

LOCAL PTA Mason Elementary PTA LOCAL PTA ID 0 0 0 0 5 2 1 7  
 LOCAL PROGRAM CHAIR Michelle Wray EMAIL ReflectionsMason@gmail.com PHONE 816-986-2330  
 COUNCIL PTA Lee's Summit DISTRICT PTA Lee's Summit R7 REGION PTA Three Trails STATE PTA Missouri  
 MEMBER DUES PAID DATE 8/30/2019 INSURANCE PAID DATE 9/13/2018 BYLAWS APPROVAL DATE 6/5/2019

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)

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